

You may complete and email this form to [ldavis@fwhs.org](mailto:ldavis@fwhs.org).

## REQUEST FOR REASONABLE ACCOMMODATION



Name: \_\_\_\_\_

TDD/Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

I am currently:

An applicant for housing assistance

Receiving housing assistance from FWHS

The following household member has a disability that qualifies under the HUD definition (A physical or mental impairment which substantially limits one or more life activities, or a record of having or being regarded as having such impairment):

Print household member's name: \_\_\_\_\_

As a result of my/his/her disability, the following accommodation is requested so that I/he/she can have the opportunity to equally participate in housing programs at FWHS:

Live-In Aide

Additional Bedroom

Mail-In Recertification

Interpreter for Hearing Impaired

Other \_\_\_\_\_

You may verify the disability and the need for the accommodation by contacting the following medical professional:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ FAX: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

***I give you permission to contact the above individual for the purpose of verifying that I or a family member have a disability and need the reasonable accommodation requested above. I understand the information you obtain will be kept completely confidential and used solely to determine whether or not you will provide an accommodation.***

\_\_\_\_\_  
Signature of Head of Household

\_\_\_\_\_  
Date



Revised January 15, 2020