

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

