

# Request for Reasonable Accommodation/Modification

*All requests for reasonable accommodations/modifications must be documented as necessary due to a disability that significantly limits one or more major life activities.*

Date of Original Request \_\_\_\_\_  Verbal  Written (*check one*)

Date Form Completed (If Different From Date of Original Request): \_\_\_\_\_

Family Head of Household: \_\_\_\_\_

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

Cell Phone: \_\_\_\_\_ Home Telephone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Name of Family Member Requiring Reasonable Accommodation: \_\_\_\_\_

Justification of Need:

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Accommodation Requested (Be as specific as possible, e.g., interpreter, emotional support or assistance animal, ramp at front door, transfer, etc.):

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If Accommodation is time-sensitive, please explain:

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3<sup>rd</sup> Party Verification of Need Attached. *You do not have to attach 3<sup>rd</sup> party documentation to this request to invoke your rights to reasonable accommodation. Verifications may be obtained after you submit your request, but before a decision is made.*

\_\_\_\_\_  
Signature/Requestor

\_\_\_\_\_  
Date Requested

\_\_\_\_\_  
Signature/PHA Representative Receiving Request

\_\_\_\_\_  
Date Received