

REQUEST FOR A REASONABLE ACCOMMODATION

(If you need assistance filling out this form a staff person will complete with information you provide verbally)

Please check one: ☐ Applicant ☐ Resident / Participant

Name: _____ Phone/Cell: _____

Address: _____

1. The following member of my household has a disability as defined below: (A physical or mental impairment that substantially limits one or more major life activities; a record of having such an impairment; or being regarded as having such an impairment.)

Name: _____

Date of Birth: _____

2. As a result of the disability, the following changes are requested so that the person listed can access Troy Housing Authority programs as easily or successfully as other program participants. **List or describe the change(s) you need. The need for these changes should be verified by your third party provider.**

3. This reasonable accommodation is needed so that the person with the disability can:

4. Attached is documentation from a third party professional and/or you may verify that I have a disability and my need for this request by contacting this third party professional familiar with the disability of the individual in need of accommodation)

Provider Name: _____

Address: _____

Phone: _____

I give you permission to contact the above individual for purposes of verifying that I or a family member has a disability and needs the reasonable accommodation requested above. I understand that the information you obtain will be kept completely confidential and used solely to determine if you will provide an accommodation. This should be signed below by either the member of the household with a disability or the head of household if household member with a disability is a minor.

Signed: _____ Date: _____