

## Request for a Reasonable Accommodation

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

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

City \_\_\_\_\_ Zip \_\_\_\_\_

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

\_\_\_\_\_

Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

2. As a result of this disability, I am requesting the following specific accommodation:

*(Check one or more boxes below)*

A change in my apartment or other part of the housing development (Please specify):

\_\_\_\_\_

A change in the following rule, policy, or procedure (Note that a change in how to meet the terms of the lease may be requested, but the terms of the lease must be met.) (Please specify):

\_\_\_\_\_

Other (For example, a change in the way the Housing Authority communicates with you.) (Please specify):

\_\_\_\_\_

3. The request for reasonable accommodation is necessary so that I (or my family member) can

(Please specify): \_\_\_\_\_

4. I authorize Granite City Housing Authority to verify that I (or my family member) have a disability and have the need for the specific accommodation I have requested. In order to verify this information, Granite City Housing Authority may contact the following licensed professional:

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

Title of Professional or Expert: \_\_\_\_\_

Agency, Facility or Institution (if any): \_\_\_\_\_

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

Telephone: \_\_\_\_\_

*I understand that the information obtained by Granite City Housing Authority will be kept completely confidential and used solely to make a determination on my accommodation request.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_