

Adams County Housing Authority Request for a Reasonable Accommodation

Please complete Sections A, B, C, and D.

A. SECTION 8 HEAD OF HOUSEHOLD INFORMATION- Head of Household's Information

Name: _____ Telephone: _____
(Please indicate if this is a TDD.)
Address: _____
City: _____ Zip: _____

B. REQUEST INFORMATION: Name of person needing the accommodation and what accommodation is being requested

_____ of my household has a disability that qualifies (a mental or physical impairment that substantially limits one or more major life activities; a record of such an impairment; or being regarded as having such an impairment). As a result of his/her disability, the following change or changes are necessary so the person listed can have the opportunity to equally participate in the Section 8 program.

Please explain in detail what you are requesting:

- Live-in-Aide: _____
- Larger unit: _____
- Hardship Exemption: _____
- Other: _____

Please provide a written letter from your Medical Provider documenting the need for requested accommodation with this document.

C. VERIFICATION INFORMATION: Professional person that can verify the need for the accommodation.

The professional person (i.e. doctor, case manager, etc.) who can verify the disability and the need for this request is:

Name: _____ Title: _____
Phone: _____ Address: _____
City: _____ Zip: _____

D. RELEASE OF INFORMATION: Head of household signs

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

Signature: _____ Date: _____