

**HOUSING AUTHORITY OF McDONOUGH COUNTY
REQUEST FOR A REASONABLE ACCOMMODATION**

Name: _____ Phone: _____

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: _____

2. As a result of my/his/her disability the following change or changes are being requested so that (the person listed) can live here as easily or successfully as the other residents. **Check the kind of changes(s) needed:**

- A change in his/her apartment or other part of the housing development.
- A change in the following rule, policy or procedure. (Note: You may ask for changes in **how** you meet the terms of the lease, but everyone must continue to meet the terms of the lease.)

State specific request and purpose for this reasonable accommodation: _____

3. Physician, therapist, etc. who has knowledge of this disability and can verify needs:

Name: _____

Address: _____

City/State Zip: _____

Phone: _____

4. If you asked for a change to your apartment or to the housing complex, please note on the back of this form any company or organization that might help us locate or build anything special that you need.

I give 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 if you will provide an accommodation. I understand that any person who knowingly and willingly makes false or fraudulent statements to any Department or Agency of the U.S. or the Department of Housing and Urban Development is guilty of a felony.

Signed: _____ Date: _____