

## APPLICANT/RESIDENT REQUEST FOR REASONABLE ACCOMMODATION/STRUCTURAL MODIFICATION FORM

(PLEASE LET KCHA STAFF KNOW IF YOU NEED ASSISTANCE IN FILLING OUT THIS FORM)

Circle One:		Applicant	Resident	
1)	Name of applicant/resident needing the accommodation:			
	Name:			
	Addres	s:		
	Phone	#:	Date of Request:	
2)	What a	ccommodation(s) are you seeking?	(check all that apply, and please be specific)	
		A change or special feature in the unit,	building, or property (i.e. grab bars, accessible unit)	
		Adjustment to rules, communication me	ethods, and/or procedures of the KCHA	
2)	Hamme		a) hala waw?	
3)	———	ould the requested accommodation(	s) neip you?	
4)	Please list the contact information of the knowledgeable professional who, if necessary, can verify that you have a disability warranting the accommodation(s) requested:			
	Name:		Title:	
	Addres	s:		
	Phone:		Fax <sup>.</sup>	



11.19.2018 - 1 -



## 5) Authorization for Release of Information:

I hereby certify the information in this Reasonable Accommodation request is true and accurate. I give KCHA permission to gather information from or talk with my knowledgeable professional about my request.

Signa	ature of the applicant/resident requesting the accommodation:		
 Signat	ture of Party Requesting Accommodation	Date	
Signa	ature of the Property Manager:		
Proper	rty Manager or Designate	Date	
false publi	18, Section 1001 of the U.S. Code states that a person who and fraudulent statements to any department of the United ic housing authority (PHA), and any owner (or employee of ubject to penalties that include fines and/or imprisonment.	d States Government, HUD, a	
<u>FOR</u>	KCHA STAFF USE ONLY		
	Needs Executive Director/Assistant Director Review		
	Approved at property (File completed copies in tenant file and Reasonable Accommodation Log)		
П	EXPEDITE. (Please check this box if the request should be	considered on an emergency basis)	



