

**REQUEST FOR A REASONABLE ACCOMMODATION**

The New Braunfels Housing Authority (NBHA) is committed to the letter and spirit of Section 504 of the Rehabilitation Act and the Fair Housing Act, which, among other things, prohibits discrimination against persons with disabilities. In accordance with our statutory responsibilities and program accessibility policies, we will make reasonable accommodations in our rules, policies, practices, or services, when such accommodations may be necessary to afford persons with disabilities an equal opportunity to use and enjoy their housing communities. In addition, we will provide reasonable modifications to the apartments and common areas if necessary for the use by our residents. If you are requesting such an accommodation/modification, please complete and sign this form and fill in the name, address and phone number of a qualified third party professional who can verify this information and return it to us.

1. Head of Household: \_\_\_\_\_

2. Address: \_\_\_\_\_

3. Phone number/email: \_\_\_\_\_

4. The following member of my household has a disability: \_\_\_\_\_

5. Please provide the following reasonable accommodation in any rules, policies, practices, or services or provide the following structural modification (What are you asking the NBHA to do?)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. I need this reasonable accommodation because (Why do you need this done?)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**REQUEST FOR A REASONABLE ACCOMMODATION**

7. You may verify the disability and the need for this requested accommodation by contacting:

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

Title: \_\_\_\_\_

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

City, State, & Zip: \_\_\_\_\_

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

8. I give the New Braunfels Housing Authority permission to contact the above individual for purposes of verifying that I am, or another family member is, an individual with disabilities and needs the requested reasonable accommodation.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

