



**REQUEST FOR REASONABLE ACCOMMODATION
CONFIDENTIAL INFORMATION**

This information will not be disclosed or released, except as permitted by law

Printed Name		Telephone
Address/Unit #/City/State/Zip Code:		
# of people in household:	Voucher Size:	Unit Size:

Currently, I am (Please check one of more items below):

- Applying for public housing
- An applicant on the waiting list
- A public housing tenant
- A participant in the HCV Voucher Management Program
- Other

1. The following member of my household has disability: _____

Relationship or association with you: _____

2. As a result of this disability, I am requesting the following reasonable accommodation:
(Please check one of more items below.)

- A change in my apartment or other part of the housing development. Please specify below:

- A change in the following rule, policy or procedure. (Note 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 below:

- Other. Please specify below:

3. This request for reasonable accommodation is necessary so that I can: Please specify:

4. Please provide information that is necessary to evaluate if a requested accommodation may be necessary because of a disability. You may present verification of the disability and/or disability-related need for accommodation directly to CMHA from a medical professional, non-medical service agency, service provider, reliable third party who is in a position to know about the disability, peer support group, or yourself. Please do not provide medical records.

Name of expert/professional: _____

Phone; _____

Title: _____

Agency/facility/institution: _____

Address _____

City/State/Zip: _____

Please return this form as promptly as possible so that the housing authority may make a determination on this request.

Authorization to Disclose Medical and Personal Information

CMHA's 504 Coordinator may need to contact the individual or agency listed above to obtain information or materials deemed necessary to make a determination regarding your request for Reasonable Accommodation. If so, you will be asked to provide authorization for the individual or agency listed above to release and to disclose to CMHA information relating to your need for a reasonable accommodation. The information obtained will be kept completely confidential and used solely to make a determination on your reasonable accommodation request.