



ASHEVILLE HOUSING AUTHORITY

Housing Choice Voucher Program
165 South French Broad Avenue
Asheville, NC 28801

Business Hours: 9 a.m. – 5 p.m. Monday – Thursday

REQUEST FOR REASONABLE ACCOMMODATION

If you or a member of your household have a handicap or disability – defined as a physical or mental impairment that substantially limits one or more life activities or a record of being regarded as having such an impairment - and you would like to request a reasonable accommodation, please complete this form, sign, and return it to the Asheville Housing Authority.

Head of Household Name: _____

Name of household member for whom accommodation is requested: _____

Address: _____

Phone Number: _____ Email Address: _____

Please state what the specific accommodation or modification you are requesting:

This reasonable accommodation or modification is needed because:

- It will help me live in the housing or take part in HACA's programs
- It will help me meet the lease requirements of HACA's programs
- It will help me meet other requirements of HACA's programs

I authorize the Housing Authority to verify that I (or another member of my household) have a handicap or disability that requires the specific accommodation above that I have requested. In order to verify this information, the Housing Authority may contact the following professional.

Name, addresses and telephone number: _____

Please sign below to confirm the accuracy of the information submitted above. Once this process has been completed, the Housing Authority will contact with you.

I hereby authorize the release of the requested information.

Signature

Date of Request

Housing Agency Use Only

Date received: _____

Date verification sent: _____

Date received from verifier: _____

Date sent to Director for review: _____