



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 along with a statement from a medical professional who can confirm your need for the requested accommodation.

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

Please sign below to confirm the accuracy of the information submitted above.

Head of Household Signature

Date

Housing Agency Use Only

Date request received: _____

Date medical statement received: _____

Date sent to Director for review: _____

Approved: Yes

No

Director of Assisted Housing Signature

Date