



### 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

<b>Housing Agency Use Only</b>	
Date request received: _____	Date medical statement received: _____
Date sent for review: _____	Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No
_____ Signature: Housing Authority Representative	_____ Date