

HUNTSVILLE HOUSING AUTHORITY

Request for Reasonable Accommodation

You may utilize this form to request that the Huntsville Housing Authority (HHA) provide a reasonable accommodation to you, or any member of your household who has a disability, so that you or a member of your household may utilize your residence, or any of the HA's facilities, programs or services.

For purposes of this form, please refer to the attached "Reasonable Accommodation Policy" to determine whether you are a "qualified individual with a disability." If you would like to request a reasonable accommodation on behalf of yourself or a member of your household, please complete this form. You must date and sign your name at the bottom of this form and return the form to the property manager's office. If you need assistance in understanding whether you or a member of your household is a "qualified individual with a disability" or if you need assistance in completing this form, please contact your property management office.

Date of Request:						
Applicant/Resident Name	SSN	Phone Address				
City			State	Zip		
☐ I am requesting the following reasonable accommodation(s) for myself.						
☐ I am requesting the reasonable accommodation(s) on behalf						
of:		(Name)	:			
My reason(s) for requesting this reasonable accommodation:						
Please indicate which option you prefer:						
☐ I wish to have modifications made to my current unit only						
☐ I would consider moving to a unit that is currently modified, but only within my current development						
☐ I would consider moving to a unit that is currently modified, even in another Development						
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A physician, licensed health care professional, professional representing a social service agency, disability agency or clinic may provide verification of your disability.

You may request a physical modification to your current unit or a transfer to a unit that has been previously modified [in your development or another development]. The HA will work with you to determine how to fulfill your reasonable accommodation request. The HA may require documentation to support your reasonable accommodation request(s).

Signatures

Applicant/Resident/Participant	Date
HA Representative	Date

