**SECTION 504 REQUEST FOR REASONABLE ACCOMMODATION**

Date of Request:

Head of Household Name:

Name of Household member requesting the accommodation:

Full Address:

1. What accommodation(s) are you requesting?

\_\_ Assistance with housing related correspondence (i.e. – the person has difficulty reading, the person has difficulty seeing small print, the person has difficulty with use of hands, etc.)

\_\_ Larger Unit to accommodate a person with a disability. Please explain why you need an extra bedroom/larger apartment and submit additional documentation to support your request.

\_\_ Live-In Aide: I require a person to reside in the unit with me to administer care. This person is not a visitor helping me; this person will provide around the clock assistance to me.

* + **Note:** A live-in aide must meet the following HUD definition: *a person who resides with one or more persons with disabilities and who*: 1) is determined to be essential to the care and well-being of the person; 2) is not obligated for the support of the person(s); and 3) would not be living in the unit except to provide the necessary supportive services.

\_\_ Special communication needs for either persons with visual impairments (written material in alternate formats, such as large print) or hearing impairments (sign language interpretation services).

\_\_ Modifications to current unit (lever door knobs, lower peephole, wheelchair accessible sink, etc.).

\_\_ Other accommodation for a person with a disability, please explain below

If you need this document in a different language or larger font or if you need a reasonable accommodation, please call ENTER SITE PHONE NUMBER or TTY #711.

3. Please list the contact information of the knowledgeable professional who can verify that you have a disability warranting the accommodation(s).

Name: Title:

Address:

Telephone Number: Fax Number:

4. Release of Information: I certify that the information provided on this form is true and accurate. I give management permission to discuss the requested accommodation with my knowledgeable professional. The knowledgeable professional listed will receive a copy of this form.

Signature of Applicant/Resident Date

Fraud and False Statements: Title 18, Section 1001 of the U.S. Code states that a person who knowingly and willingly makes false and fraudulent statements to any department or employee of the United States Government, HUD, a Public Housing Authority or a Property Owner may be subject to penalties that include fines and/or imprisonment.

**Office Use Only: RA Log #:**