

REQUEST FOR REASONABLE ACCOMMODATION

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

TELEPHONE: Home: \_\_\_\_\_ Work: \_\_\_\_\_

1. The following member of my household has a disability as defined below:  
(A physical or mental impairment that substantially limits one or more life activities; or a record of having such impairment; or regarded as having such impairment)

Name: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

IF this request is on behalf of a minor child, please indicate whether you are the parent or guardian.  
IF the individual with the disability is over the age of 18, that individual **MUST** sign the authorization for verification.

2. As a result of this disability; I am requesting the following reasonable accommodation:

(Please check one or more boxes below.):

( ) A change in my apartment or another part of the housing development. Please specify:

\_\_\_\_\_  
\_\_\_\_\_

( ) A change in the following rule, policy or procedure. (Note that a change in how to meet the terms of the lease may be requested, but the term of the lease must be met.) Please specify:

\_\_\_\_\_  
\_\_\_\_\_

( ) Other: Please specify:

\_\_\_\_\_  
\_\_\_\_\_

3. This request for reasonable accommodation is necessary so that I can: (please specify)

\_\_\_\_\_  
\_\_\_\_\_

4. I authorize the Hagerstown Housing Authority to verify that I have a disability and have the need for the reasonable accommodation I have requested. In order to verify this information the Hagerstown Housing Authority may contact the following physician, psychiatrist, licensed psychologist, licensed nurse practitioner, licensed social worker, rehabilitation professional, non-medical service agency whose function is to provide services to the disabled, or other expert in the field of \_\_\_\_\_(specify).

(Note: You may present verification directly to the Hagerstown Housing Authority)

Name: \_\_\_\_\_

Title of professional or expert: \_\_\_\_\_

Agency, Facility or Institution (if any) \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

**I understand that the information obtained by the Hagerstown Housing Authority will be kept confidential and used solely to make a determination on this reasonable accommodation request.**

Please return this form to: \_\_\_\_\_ at  
Hagerstown Housing Authority, 35 West Baltimore Street, Hagerstown, Maryland 21740 so that the Hagerstown Housing Authority may make a determination on this request.

\_\_\_\_\_  
[Head of household or authorized representative] DATE

\_\_\_\_\_  
[Non-Head of household over the age of 18 and disabled] DATE

WITNESS:

\_\_\_\_\_  
Name DATE