

## Reasonable Accommodation Request Form

This form is to be completed by the head of household on behalf of the household member needing the accommodation and to be signed by both the head of household and the household member if 18 years of age or older.

**Name of Person whom needs the accommodation:** \_\_\_\_\_

**Name of Head of Household:** \_\_\_\_\_

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

**Phone Number:** \_\_\_\_\_ **Alternate phone number:** \_\_\_\_\_

### Section A:

**I am a person with a disability as defined by one or more of the following: A physical or mental impairment that substantially limits one or more life activities; or a record of having such an impairment; or is regarded as having such an impairment.**

If I **am not** the person with a disability, the following member of my household has a disability as defined above:

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

**Relationship to you (e.g. child, parent)** \_\_\_\_\_

### Section B:

**As a result of this disability, I am requesting the following reasonable accommodation for my household: Please check one or more boxes**

**A change to the following rule, policy or procedure to fully utilize my rental assistance program and services:**

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

**Other: Please be specific:** \_\_\_\_\_

\_\_\_\_\_

**Section C:**

**This request is reasonable accommodation is necessary so that I can:** \_\_\_\_\_

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**Section D:**

I understand that the information obtained by HAP Inc., will be kept completely confidential and used solely to make a determination on my reasonable accommodation request. HAP Inc. will only request information that is necessary to evaluate the disability-related need for the accommodation. HAP Inc. will not inquire about the nature or extent of any disability. Medical records will not be accepted or retained in my tenant file. Should I have any questions regarding the above, I can contact Helen Plant, Director of Case Management Services at 413.233.1514.

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Signature: Head of Household \_\_\_\_\_ Date \_\_\_\_\_

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Signature: Adult household mbr needing accommodation \_\_\_\_\_ Date \_\_\_\_\_

Please return this form as soon as possible, once HAP Inc. has received your request for an reasonable accommodations, along with all requested supportive documentation, HAP Inc. will respond in writing within 15 business days with its decision.