

You may complete and email this form to ldavis@fwhs.org.

REQUEST FOR REASONABLE ACCOMMODATION



Name: _____

TDD/Phone: _____

Address: _____

City/State/Zip: _____

I am currently:

An applicant for housing assistance

Receiving housing assistance from FWHS

The following household member has a disability that qualifies under the HUD definition (A physical or mental impairment which substantially limits one or more life activities, or a record of having or being regarded as having such impairment):

Print household member's name: _____

As a result of my/his/her disability, the following accommodation is requested so that I/he/she can have the opportunity to equally participate in housing programs at FWHS:

Live-In Aide

Additional Bedroom

Mail-In Recertification

Interpreter for Hearing Impaired

Other _____

You may verify the disability and the need for the accommodation by contacting the following medical professional:

Name: _____ Title: _____

Phone: _____ FAX: _____

Address: _____

City/State/Zip: _____

I give you permission to contact the above individual for the purpose of verifying that I or a family member have a disability and need the reasonable accommodation requested above. I understand the information you obtain will be kept completely confidential and used solely to determine whether or not you will provide an accommodation.

Signature of Head of Household

Date



Revised January 15, 2020