



REQUEST FOR REASONABLE ACCOMMODATION

On this form you may request that the District of Columbia Housing Authority (“DCHA”) provide reasonable accommodations to any member of your household who has a disability, so that your household members can better use your residence, or DCHA’s facilities or programs. For this purpose, please complete this form. You must date and sign your name at the bottom and return this form to the Client Placement Division (“CPD”).

DCHA will assist all individuals with disabilities that submit a verified request for a reasonable accommodation within the Housing Authority’s control. If you need help in understanding what disabilities or reasonable accommodations are, would like additional information regarding the rights of persons with disabilities, or need help in completing this form, you may contact CPD or the DCHA ADA/504 Coordinator.

Date of Request

Social Security Number

Name of Applicant

Telephone Number

Address

City / State / Zip Code

1. This is the reasonable accommodation I request (examples of requests attached):

2. I request it for: [Please state **name** and **relationship to head of household** (i.e.) spouse, daughter, mother, etc.] _____

3. My reason for requesting this accommodation (why): _____

4. A physician, licensed health professional, professional representing a social service agency, disability agency or clinic may provide verification of your disability. Documentation to support your request may be required. The Housing Authority will work with you to determine how to fulfill your request. Please refer to DCHA Form 642 for examples of reasonable accommodation methods.

Signature of Applicant/Resident/Participant

Date