

REASONABLE ACCOMMODATION FOR INCREASED PAYMENT STANDARD

(Confidential Information. This information will not be disclosed or released, except as permitted by law.)

A Housing Authority may approve a higher payment standard if required as a reasonable accommodation to enable a family that includes a person with disabilities to rent an accessible unit. Such requests must be made **after** a unit is located and must be verified by a qualified professional.

Name:	Telephone:
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- 1.) The following member of my household has a disability: _____
- 2.) Address of the unit with accessibility features: _____
- 3.) The unit above has the following features needed for a disability:

- | | |
|---|---|
| <input type="checkbox"/> Wheelchair accessibility | <input type="checkbox"/> Suitable space for medical equipment |
| <input type="checkbox"/> Ramps or other structural improvements | <input type="checkbox"/> Ground floor with no stairs |
| <input type="checkbox"/> Other, please describe: | |

- 4.) I am unable to locate a unit that meets this need within the rent limits: Yes No

- 5.) You may verify the need for this request by contacting:

Name:	
Address:	Phone:

I give permission to contact the above individual for purposes of verifying that a family member or I need the reasonable accommodation requested.

Applicant/Participant Signature: x	Date:
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OFFICE USE ONLY (do not write below this line)

Summary of Reasonable Accommodation Approved:	Date/Initials:
Notification Details:	Date/Initials:
	Logged: <input type="checkbox"/>