



Request for Reasonable Accommodation

Please fill out **all** sections pertaining to your request to be processed, please return this form promptly for a determination on your request

NAME: _____ DATE: _____

ADDRESS: _____ CURRENT BDRM SIZE _____

NAME	RELATION	GENDER	DOB

The following member _____ of my household has a disability as defined by the following: physical or mental impairment that significantly limits one or more major life activities, a history of such an impairment, or being perceived by others as having such an impairment.

As a result of this disability I am requesting the following reasonable accommodation, **please check all that applies**

- ☐ A change in my apartment or other part of the housing development
- ☐ 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 terms of the lease must be met)
- ☐ Other

Please specify why the request for reasonable accommodation is necessary

I authorize Springfield Housing Authority to verify that I have a disability and have the need to request for a reasonable accommodation. In order to verify/confirm the information, Springfield Housing Authority may contact the physician, psychiatrist, licensed psychologist, license nurse practitioner, license social worker, or any other documents and information I supplied for verification.

Requestor Signature: _____ Date: _____

If the requestor of the accommodation is over the age of 18, they must be the one who signs the signature field., if signing on the behalf of a minor please indicate your relation.