



## REQUEST FOR A REASONABLE ACCOMMODATION

Head of Household: \_\_\_\_\_

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

Day Phone: \_\_\_\_\_ Home Phone (if different) \_\_\_\_\_

1. The following member of my household has a disability:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

2. Please provide the following accommodation(s) so that the person listed above can comply with the requirements of the program and have an equal opportunity within the program to use and enjoy his/her unit and its associated premises:

**Check the applicable request:**

An accommodation or adjustment in the following program, rules, policy, practice or service that I currently must follow to meet the terms of the program. I understand that I may ask for a change in how I meet the terms of the program's rules and regulations. (Please be specific and explain what is needed. Attach a separate sheet if necessary for additional information.) \_\_\_\_\_

A modification in my unit or to another part of the associated housing complex. (Please tell what specifically is needed. Attach a separate sheet if necessary for additional information.) \_\_\_\_\_

3. I need this reasonable accommodation because:

4. My request can be verified by: (Physician/Diagnostician)

Name/Title: \_\_\_\_\_ Organization: \_\_\_\_\_

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

Phone #: \_\_\_\_\_

If there are other persons who can also verify your request, please fully identify them on a separate sheet and attach.

I, \_\_\_\_\_, give the Beacon Housing Authority permission to contact the individual(s) identified in #4 of this form for purposes of verifying that I or a family member needs the reasonable accommodation requested above. (Note: This must be signed by the person designated in #1 of this form or by an individual with authority to sign on that person's behalf.)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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