



Request for Reasonable Accommodation Form

The Detroit Housing Commission will give appropriate consideration to reasonable accommodation requests even if the requester makes the request orally or does not use DHC's preferred forms or procedures for making such request. However DHC will document all reasonable accommodation requests in writing.

Head of Household Name _____ Phone Number _____

Address: _____

- 1. The following member of my household has a disability as defined here:
(A physical or mental impairment that substantially limits one or more life activities; or a record of having such impairment; or regarded as having such impairment.)

Name _____ Relationship or association to you _____

- 2. As a result of a disability, I am requesting the following reasonable accommodation:
(Please check one or more items listed below).

_____ A change in my unit or other part of the housing needs. Please Specify _____

_____ 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.) Please Specify _____

_____ Other (For example, a change in the way the PHA communicates with you). Please Specify _____

- 3. This request for reasonable accommodation is necessary so that I can: Please specify _____

4. I authorize the Detroit Housing Commission to verify that I have a disability and have the need for the reasonable accommodation I have requested. In order to verify this information the Detroit Housing Commission, may contact the following physician, psychiatrist, licensed psychologist, licensed nurse practitioner, licensed social work, rehabilitation professional, non-medical service agency whose function is to provide services to the disabled, or other expert in the field of _____

Name of Expert/Professional to contact::

Name _____ Telephone Number _____

Title _____ Agency/Facility _____

Address _____
(Number and Street) (City) (State) (Zip Code)

I understand that the information obtained by the Housing Authority will be kept completely confidential and used solely to make a determination on my reasonable accommodation request.

Signed _____ Date _____

Signed** _____ Date _____

(**Adult Household Member needing the accommodation, 18 yrs or older)