

Reasonable Accommodation Request Housing Choice Voucher Program



Please attach any documents you feel help explain or support your request.

I, or a family member, is a person with a disability, and I am an applicant for or a current participant in a voucher program.

Printed Name	Telephone
Mailing Address	
City, State, Zip	
Signature	Date

1. I am requesting a reasonable accommodation to address one of the following:

- A modification in the way AHFC communicates with me.
- A need for the full 120 days to shop for a unit.
- A higher subsidy level (an additional bedroom) to house a live-in aide or durable medical equipment.
If a live-in aide, do you plan to use an agency or find your own?
Will you have one aide or multiple or rotating aides?
- An increase in the payment standard and/or utility allowance to rent a unit with specialized features or equipment.
- Moving to Work Families – An allowance for medical or disability expenses (in excess of 3% of gross annual income).
- An AHFC notice dated _____
- Other: _____

2. Please describe your reasons for your request:

3. You can verify the need for the accommodation requested by contacting:

Name _____ Phone _____

Agency _____

Address _____
