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| Reasonable Accommodation Request  Housing Choice Voucher Program | ahfc_logo_large.jpg |
| [Reasonable Accommodation Information](https://intranet/download_file/9562/186)  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.

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| --- | --- |
| 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).

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| An AHFC notice dated | |  |
| Other: |  | |

1. Please describe your reasons for your request:

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

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| --- | --- | --- | --- | --- |
| Name |  |  | Phone |  |
| Agency |  | | | |
| Address |  | | | |
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