

# Reasonable Accommodation Request AHFC-Owned Rental Housing



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 resident in an AHFC-owned rental unit.

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.
- An accessible unit with the following features:  Mobility  Sight  Sound
- A modification to my existing AHFC unit, a common area, or the building grounds.
- 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 utility allowance for specialized equipment.
- A service or companion animal.
- Moving to Work Families – An allowance for medical or disability expenses (in excess of 3% of gross income).
- An AHFC notice dated \_\_\_\_\_
- Other: \_\_\_\_\_

**2. Please describe your reasons for your request:**

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

Name \_\_\_\_\_ Phone \_\_\_\_\_

Agency \_\_\_\_\_

Address \_\_\_\_\_

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