

# 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:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Agency \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_

**For AHFC Internal Use:**

Regional Manager Approval:	504 Coordinator Approval:
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