

# 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 additional time 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 \_\_\_\_\_

\_\_\_\_\_

**For AHFC Internal Use:**

Regional Manager Approval:	504 Coordinator Approval:
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