

Housing Authority of the City of Lubbock

1708 Crickets Avenue Lubbock, TX 79401 Phone (806) 762-1191 Fax (806) 765-2710

REQUEST FOR REASONABLE ACCOMMODATION/MODIFICATION

Please be sure you have filled out both pages of this form. Page 1 of 2

Name of Person Who Needs the Accommodation: _____

Address: _____ Unit _____

Daytime Phone#: _____

Who Should we Contact about this Request (if other than person listed above):

Name _____

Address: _____ Unit _____

Daytime Phone#: _____

Requester Status

Current PHA Tenant Applicant for Tenancy Applicant for Section 8 Voucher Current Section 8 Voucher Holder Other _____

Request

1. I am disabled (defined as having an impairment that limits one or more major life activities, or having a record of such an impairment).
2. I need the following change in a rule, policy, practice, or procedure because of my disability (if you need a physical change to your unit skip to the next question).

3. I need the following physical change to my apartment or other part of the housing development because of my disability

If PHA staff filled out this form as a written record of the request, using available information, did the staff person read it back to requester to make sure it is accurate (to be initialed by staff and requester)? Yes__ No_____

Was this request made orally or in separate writing (circle one; attach writing)?

Yes _____

No _____

PHA Staff Signature _____

Name _____

Date _____

VERIFICATION

I authorize the Public Housing Authority to verify, if necessary, that I have a disability and have the need for the reasonable accommodation I have requested. In order to verify this information the PHA may contact the following physician, psychiatrist, licensed psychologist, licensed nurse practitioner, licensed social worker, rehabilitation professional, or non-medical service agency whose function is to provide services to the disabled, or other expert

Name of Provider: _____

Title of professional or expert: _____

Agency/Clinic/Facility: _____

Address: _____

Telephone: _____

Fax: _____

I understand that the information obtained by the PHA will be kept completely confidential and used solely to make a determination on my reasonable accommodation request.

Please return this form as promptly as possible so that the PHA may make a determination on this request.

Signed: _____

Date: _____