



City of Tallulah Reasonable Accommodation Form

Name: _____ Last 4 SSN: _____

Address: _____

Phone: _____

1. I am a person with a disability as defined by one or more of the following:
 - a. A physical or mental impairment that substantially limits one or more life activities; or a record of having such an impairment or is regarded as having such an impairment.

**If I am not the person with a disability, the following member of my household has a disability as defined above:

Name of disabled member: _____

Relationship to you: _____

As a result of the disability, I am requesting the following reasonable accommodation(s) for my household. (Please check one or more boxes below)

- A change in my apartment/unit or other part of the housing development
- A change in the following rule, policy/procedure or voucher policy. (not that a change is how to meet the terms of the lease may be requested by the terms of the least must be met.)
- Other (for example, change in the way City of Tallulah Housing Authority communicates with you)

Please Specify: _____

The request for reasonable accommodation is necessary so that I can: _____

To get to my appointments, I rely most on:

- My car The Access Bus A ride Walking

I authorize City of Tallulah Housing Authority to verify that I have or someone in my household has a disability and we have the need for the reasonable accommodation I have requested. In order to verify this information, City of Tallulah Housing Authority 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 experts in any field making decisions regarding the disability.

Name: _____

Title of professional or expert: _____

Agency/Clinic/Facility: _____

Address: _____

Telephone: _____ Fax: _____

I understand that the information obtained by the City of Tallulah Housing Authority will be kept completely confidential and used solely to make a determination on my Reasonable Accommodation Request.

Signature: _____ Date: _____