

**HOUSING AUTHORITY OF HENRY COUNTY**  
**REQUEST FOR A REASONABLE ACCOMMODATION**

Head of Household: \_\_\_\_\_

Address: \_\_\_\_\_ Phone#: \_\_\_\_\_

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1. The following member of my household has a disability: \_\_\_\_\_

2. Please provide the following accommodations(s) so that the person listed above can comply with the requirements of the program and have an equal opportunity within the program to use and enjoy his/her unit and its associated premises. Check the applicable request from of the two choices below:

- A modification in my unit or to another part of the associated housing complex. (Please be specific and explain what is needed. Attach a separate sheet if needed)

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

- An accommodation or adjustment in the following program, rule, policy, practice, or service that I currently must follow to meet the terms of the program. I understand that I may ask for change in how I meet the terms of the programs rules and regulations. (Please be specific and explain what is needed. Attach a separate sheet if needed)

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

3. My request can be verified by (care provider):

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

I, \_\_\_\_\_, give the Housing Authority of Henry County permission to contact the individual identified in No. 3 of this form for purpose of verifying that I or a family member needs the reasonable accommodation requested above. (NOTE: This must be signed by the person designated in No. 1 of this form or by an individual with authority to sign on that person's behalf)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date