



338 W. Wainman Ave. PO Box 609
Asheboro, NC 27204
Phone: 336-629-4146 Fax: 336-625-0651
TDD: 1-800-545-1833 Ext 419



Request For Reasonable Accommodation

Name: _____ TDD/Phone _____

Address: _____

City: _____ Zip: _____

1. The following member of my household has a disability as defined below: (a physical or mental impairment that substantially limits one or more life activities; or a record of having such impairment; or regarded as having such impairment.)

2. As a result of this disability, I am requesting the following specific accommodation/s:

A change in the following rule, policy or procedure:

An additional bedroom to accommodate a live-in/overnight caregiver

Other: (for example, a change in the way the housing authority communicates with you)

3. The request for reasonable accommodation is necessary so that I (or my family member) can (please specify):

4. I authorize the housing authority to verify that I (or my family member) have a disability and have the need for the specific accommodation I have requested. In order to verify this information, the housing authority may contact the following licensed professional:

Name: _____ Title _____

Agency, Facility, Institution: _____

Address: _____

Telephone: _____

I understand that the information obtained by the housing authority will be kept confidentially and used solely to make a determination on my accommodation request.

Signature: _____ Date: _____