



## REASONABLE ACCOMMODATION REQUEST FORM

*Provide a statement on letterhead from your designated licensed professional pertaining to your request*

The following person in my household has a disability: \_\_\_\_\_

In the explanation below describe how the accommodation will help you take part in our program or help you meet other requirements of our program. If you need more space, feel free to use a separate piece of paper.

**Do not tell** us medical information about your disability

**Do not tell** us the name of your disability or the nature or extent of your disability

Please provide the following reasonable accommodation:

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I need this reasonable accommodation because:

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

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

*Street*

*City*

*State*

*Zip*

Telephone Number: \_\_\_\_\_

*The Gainesville Housing Authority will notify you of its decision concerning your request in writing in ten (10) Business days.*

If you or anyone in your family is a person with disabilities and you require a specific accommodations in order to fully utilize our programs and services, please contact our Property Manager at 940.665.1747