



REQUEST FOR REASONABLE ACCOMMODATION

Head Of Household: _____ Phone: _____

Address: _____

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

Name: _____ Social Security No. _____

- 2. As a result of his/her disability the following change or changes are requested so that (the person listed) can live here as easily or successfully as the other residents. Check the kind of change(s) you need.

[] Exception Payment Standard

[] A change in my unit or other part of the housing complex.

[] A change in rule, policy or procedure. Everyone must continue to meet the terms of the lease.

- 3. This reasonable accommodation is needed because:

- 4. Verification of disability status and the need for this request may be verified by contacting:

Name: _____ Telephone: _____

Title: _____

Address: _____

I give you permission to contact the above individual for purposes of verifying that I or a family member have/has a disability and need(s) the reasonable accommodation requested above. I understand that the information will be kept confidential and used to determine if a reasonable accommodation will be approved.

Head of Household

Date

Fargo Housing Manager

Date