



Housing Authority
of the
County of Tulare

APPLICATION FOR REQUEST FOR REASONABLE ACCOMMODATION/MODIFICATION

DATE: _____ NAME: _____ PHONE: _____

ADDRESS OF HOUSING FOR WHICH ACCOMMODATION IS REQUESTED:

LIST AND DESCRIBE THE REASONABLE ACCOMMODATION OR MODIFICATION
REQUESTED:

GIVE REASON THAT THE REASONABLE ACCOMMODATION MAY BE NECESSARY
FOR YOU OR THE INDIVIDUAL(S) WITH DISABILITIES SEEKING THE SPECIFIC
HOUSING, TO USE AND ENJOY THE HOUSING, IN LIGHT OF THE LIMITATIONS OR
HARDSHIPS YOU ARE EXPERIENCING. **WE ARE NOT ASKING FOR THE**
DIAGNOSIS OR THE NATURE OF THE:

IF WE HAVE QUESTIONS ABOUT YOUR REQUEST FOR REASONABLE
ACCOMMODATION AND YOU WOULD LIKE US TO CONTACT SOMEONE
ASSISTING YOU WITH THIS REQUEST, INSTEAD OF YOU, PLEASE GIVE US THAT
PERSON'S NAME, ADDRESS AND TELEPHONE NUMBER:

PLEASE ATTACH ANY DOCUMENTS THAT YOU MAY THINK SUPPORT YOUR
REQUEST FOR REASONABLE ACCOMMODATION AND WOULD ASSIST US IN
CONSIDERING YOUR REQUEST



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PLEASE PROVIDE THE CONTACT INFORMATION OF A KNOWLEDGEABLE PROFESSIONAL WHO CAN VERIFY THE DISABILITY AND THE NEED FOR THE ACCOMMODATION REQUESTED:

Name: _____ Title: _____

Address: _____ City/State/Zip: _____

Telephone Number: _____ Fax: _____

Email: _____

Patient Birthdate (if required by professional for verification purposes): _____

Certifications and Signatures:

Authorization to Release Information: I authorize the knowledgeable professional listed above to disclose relevant information to the Housing Authority of the County of Tulare regarding the need for a reasonable accommodation/modification for the above-named family member. I understand that the information the Housing Authority obtains will be kept confidential and used solely to determine if an accommodation should be provided.

I understand that Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful, false statements or misrepresentations to any Department of Agency of the United States on any matter within its jurisdiction.

Signature of Requester, if 18 years or older is other than Head of Household:

_____ Date: _____

Signature of Head of Household:

_____ Date: _____