

Tenant Request for a Reasonable Accommodation

The following tenant claims a physical or mental impairment that limits his or her ability to occupy our housing.

Name: _____ Date: _____

As a result of the disability, this person is requesting the following Reasonable Accommodation(s):

- A change in a policy, practice or procedure: (Please specify.)
- A physical change in the housing unit: (Please check needed accommodation(s).)
 - _____ Addition of grab bars for bath/shower
 - _____ Modification of the fire alarm system to accommodate visual impairment.
 - _____ Modification of the fire alarm system to accommodate hearing impairment
 - _____ Other (please explain):

Verification of Need:

You MAY be asked to allow us to verify the need for this accommodation. If so, the information we obtain will be kept completely confidential and used solely to determine that the accommodation is needed.

Providing the Accommodation:

If we cannot provide this accommodation immediately, you will get an answer to this request within 14 days. If you do not agree with the response, you may appeal the decision to:

Pocahontas Housing Authority, Inc. 1320 Dalton Street, Pocahontas, AR 72455