

## Reasonable Accommodation Request Form

Date of Request: \_\_\_\_\_

Head of Household: \_\_\_\_\_ SSN #: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Please note: The household member requesting the accommodation(s) must meet the Fair Housing Act/ADA/504 definition of disabled.**

Who is requesting the accommodation?

- Head of Household
- Household Member (Name) \_\_\_\_\_

What accommodation(s) are being requested? Please check one of the options below and if needed, please provide detailed explanation below.

- Extra time to locate a unit due to disability related reasons**  
Please explain below the hardship you have faced due to your disability in finding a unit in the past and demonstrate the connection between your disability and the need for the extension.
- Lease a unit owned by a relative**  
Please describe below why renting from a relative will assist you. Note: This same relative MAY NOT actually live in the unit with the participant request the accommodation.
- Change in the Payment Standard**  
Please describe the special features or location of the specific unit in explanation below. Note: Only request this accommodation after a specific unit is found that meets the disability-related needs. Is this needed because of the required accessibility to amenities?
- Extra bedroom for a person with a disability**  
Please explain below why you need an extra bedroom and submit additional documentation to sufficiently justify the request.
- Extra bedroom for equipment**  
Please specify, in detail, the type and size of the equipment in explanation below.
- Add a Live-In Aide**  
May provide a brief explanation for the need of a live-in aide in explanation below.
- Other policy or rule change needed.**  
Please explain below.

**Explanation:**

\_\_\_\_\_

\_\_\_\_\_

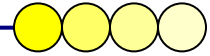
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\_\_\_\_\_

\_\_\_\_\_



Lake County Housing Authority  
33928 North U.S. Highway 45, Grayslake, IL 60030



**Please list the contact information of the knowledgeable professional who can verify that you have a disability warranting the accommodation(s).**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

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

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

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### RELEASE OF INFORMATION

I certify that the information provided on this form is true and accurate. I give the Lake County Housing Authority permission to discuss the requested accommodation with my knowledgeable professional list above.

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date