

## REASONABLE ACCOMMODATION REQUEST FORM

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

Name (Head of Household): \_\_\_\_\_ Voucher/SSN #: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Who is requesting the accommodation?

Head of Household

Household Member (Name) \_\_\_\_\_

Please Note: The household member requesting the accommodation(s) must meet HUD's definition of disabled.

1. What accommodation(s) are being requested? (Please be specific)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Extra time to locate to a unit due to disability related reasons. Please explain 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.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

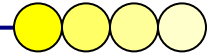
3. Lease a unit owned by a relative. Please describe why renting from a relative will assist you. Note: This same relative MAY NOT actually live in the unit with the participant requesting the accommodation.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Change in the Payment Standard. Please describe the special features or location of the specific unit below. Note: Only request this accommodation AFTER a specific unit is found that meets the disability-related needs.

Is this needed because of required accessibility to amenities?  Yes  No

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



5. Extra bedroom for a person with a disability. Please explain why you need an extra bedroom and submit additional documentation to sufficiently justify the request.

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6. Extra bedroom for equipment. Please specify, in detail, the type and size of the equipment.

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7. Add a Live In Aide. May provide a brief explanation for the need of a live in aide

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8. Other policy or rule change needed. Please explain below.

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

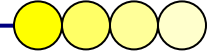
Name: \_\_\_\_\_ Title: \_\_\_\_\_

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

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



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



## Release of Information

I certify that the information provided on this form is true and accurate. I give LCHA permission to discuss the requested accommodation with my knowledgeable professional. Note: The knowledgeable professional listed will receive a copy of this form.

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**Signature of Participant**

**Date**

Fraud and False Statements: Title 18, Section 1001 of the U.S. Code states that a person who knowingly and willingly makes false and fraudulent statements to any department or employee of the United States Government, HUD, a Public Housing Authority or a Property Owner may be subject to penalties that include fines and/or imprisonment.