



HOUSING AUTHORITY

OF THE CITY OF KEY WEST, FLORIDA

Request for a Reasonable Accommodation

Name: _____ TDD/Phone: _____

Address: _____

City: _____ State/Zip: _____

Currently, I am (check one):

- An applicant or applying for a housing unit with this Housing Agency
- Section 8 Voucher holder searching for a unit
- Housed in one of the units owned and/or managed by this Housing Agency

The following member of my household has a disability that qualifies under HUD rules (a mental or physical impairment that substantially limits one or more major life activities or a record of having or being regarded as having such impairment):

Name: _____

As a result of his/her disability, the following change or changes are necessary so that he/she can have the opportunity to equally participate in the public/subsidized housing program **(explain what it is that you need and how it will accommodate you)**:

You may verify the disability and the need for this request by contacting the following knowledgeable professional:

Name: _____ Title: _____

Phone: _____ Email: _____

Address: _____

City: _____ State/Zip: _____

I give permission to contact the above individual for purposes of verifying that I (or a family member) have a disability and need the reasonable accommodation requested above. I understand that the information you obtain will be kept completely confidential and used solely to determine whether or not you will provide an accommodation.

Signature: _____ Date: _____

(Person with disability or legal guardian)

WARNING: Title 18, section 1001 of the United States code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department or agency of the United States.

