

Abingdon Redevelopment and Housing Authority

190 East Main Street
3rd Floor
Abingdon, VA 24210



P.O. Box 248
Abingdon, VA 24212
276.628.5661

Request for a Reasonable Accommodation

You may utilize this form to request that Abingdon Housing Authority provide a reasonable accommodation to you, or any member of your household who has a disability, so that you or a member of your household may utilize your residence, or any of Abingdon Housing Authority facilities, programs or services.

For purposes of this form, please refer to the attached “Reasonable Accommodation Policy” to determine whether you are a “qualified individual with a disability”.

If you would like to request a reasonable accommodation on behalf of yourself or a member of your household, please complete this form. You must date and sign your name at the bottom of this form and return the form to the Abingdon Housing Authority office. If you need assistance in understanding whether you or a member of your household is a “qualified individual with a disability” or if you need assistance in completing this form, please contact Abingdon Housing Authority office or Section 504/ADA Coordinator.

Date of Request

Social Security Number

Name of Applicant/Resident/Participant

Telephone Number

Address

City/State/Zip Code

1. I am requesting the following reasonable accommodation(s):

2. I am requesting the reasonable accommodation(s) on behalf of: (name):

3. My reason(s) for requesting this reasonable accommodation:

A physician licensed health care professional, professional representing a social service agency, disability agency or clinic that may provide verification of my disability:

Signature of Applicant/Resident/Participant

Date