

## APPLICANT/RESIDENT REQUEST FOR REASONABLE ACCOMMODATION/STRUCTURAL MODIFICATION FORM

(PLEASE LET KCHA STAFF KNOW IF YOU NEED ASSISTANCE IN FILLING OUT THIS FORM)

Circle One:                                      Applicant                                      Resident/Participant

1) Name of applicant/resident needing the accommodation:

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

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

Phone #: \_\_\_\_\_                                      Date of Request: \_\_\_\_\_

2) What accommodation(s) are you seeking? (check all that apply, and please be specific)

- A change or special feature in the unit, building, or property (i.e. grab bars, accessible unit)

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

- Adjustment to rules, communication methods, and/or procedures of the KCHA

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

3) How would the requested accommodation(s) help you?

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

4) Please list the contact information of the knowledgeable professional who, if necessary, can verify that you have a disability warranting the accommodation(s) requested:

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

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

Phone: \_\_\_\_\_                                      Fax: \_\_\_\_\_

5) Authorization for Release of Information:

I hereby certify the information in this Reasonable Accommodation request is true and accurate. I give KCHA permission to gather information from or talk with my knowledgeable professional about my request.

Signature of the applicant/resident requesting the accommodation:

\_\_\_\_\_  
Signature of Party Requesting Accommodation

\_\_\_\_\_  
Date

Signature of the Property Manager:

\_\_\_\_\_  
Property Manager or Designate

\_\_\_\_\_  
Date

**Title 18, Section 1001 of the U.S. Code states that a person whom knowingly and willingly makes false and fraudulent statements to any department of the United States Government, HUD, a public housing authority (PHA), and any owner (or employee of HUD, the PHA, or the owner) may be subject to penalties that include fines and/or imprisonment.**

**FOR KCHA STAFF USE ONLY**

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- Needs Executive Director/Assistant Director Review
- Approved at property (File completed copies in tenant file and Reasonable Accommodation Log)
- EXPEDITE. (Please check this box if the request should be considered on an emergency basis)