



Serving elderly, disabled & low income citizens of
Bristol and Sullivan County, Tennessee
204 Bluff City Hwy. • Bristol, TN 37620-4215

Request for a Reasonable Accommodation

You may utilize this form to request that Bristol Housing 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 Bristol Housing's 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 Bristol Housing 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 Bristol Housing 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