

REQUEST FOR REASONABLE ACCOMMODATION

Note: This form may be submitted to the housing authority at any time. If you need assistance with this form or have any additional questions, please contact the Vernon Housing Authority at (860) 871-0886.

Date of Request

Social Security #

Name of Applicant/Participant

Phone #

Address

City/State/Zip

1. What is the reasonable accommodation you are requesting - _____

2. Reasonable accommodation is requested for - _____
Household Member Name

3. This reasonable accommodation is needed because - _____

4. Provide independent verification from your doctor, licensed professional representing a rehabilitation center, disability agency, or clinic, or the supervisor of a case manager representing a disability agency, with verification of the existence of your disability – see Reasonable Accommodation form.

5. Case manager's name is _____ @ _____
Contact him/her regarding any concerns regarding this request Telephone #

6. I certify that the information in this Request for Reasonable Accommodation is true and accurate. I give the housing authority permission to talk with my physician or licensed professional about my reasonable accommodation request.

Signature of Applicant/Participant

Date

Please return this form to: **Vernon Housing Authority**
Attn: Shenoa Steves
21 Court Street, Suite114
Vernon, CT 06066

Fax to (860) 875-9811 or email to ShenoaS@vernonhousing.org

Warning: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make any willfully false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction, punishable by fine not to exceed \$250,000 and/or imprisonment of not more than 5 years.