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KITSAP COUNTY CONSOLIDATED HOUSING AUTHORITY



REQUEST FOR A REASONABLE ACCOMMODATION

NAME: _____ PHONE: _____

ADDRESS: _____

1. The following member of my household has a disability as defined below:
(A physical or mental impairment that substantially limits one or more major life activities; a record of having such an impairment; or being regarded as having such an impairment.)

Name: _____

2. As a result of his/her disability the following change or changes so that (the person listed) can live here as easily or successfully as the other residents. Check the kind of change(s) you need.

A change in my apartment or other part of the housing complex.

A change in the following rule, policy or procedure. (Note: You may ask for changes in how you meet the terms of the lease, but everyone must continue to meet the terms of the lease.)

3. I need this reasonable accommodation so that I can:

4. You may verify that I have a disability and my need for this request by contacting:

Name: _____

Address: _____

Phone: _____

5. If you asked for a change to your apartment or to the housing complex, please use this space to list any company or organization that might help us locate or build anything special that you need. (If you do not know of any, we will try to obtain this information.)

I give you permission to contact the above individual for purposes of verifying that I, or a family member, has a disability and needs the reasonable accommodation requested above. I understand that the information you obtain will be kept completely confidential and used solely to determine if you will provide an accommodation.

Signature: _____ Date: _____