

REQUEST FOR A REASONABLE ACCOMMODATION

Head of Household Name: _____ Phone: _____

Social Security Number: _____ Other Phone: _____

Address: _____

Reasonable accommodations allow everyone, regardless of ability, to have an equal opportunity to use and enjoy participation in rental assistance programs managed by the Berkeley Housing Authority (BHA). Complete this form and return it to your Housing Specialist. If you need assistance completing this form, please contact Reasonable Accommodations Coordinator at 510-981-5485.

1. The following household member _____ has a disability.

2. Describe the accommodation your are requesting:

- ☐ Permission for an aide to live with me to provide assistance with daily living activities
- ☐ Additional time to search for suitable housing
- ☐ Exception utility allowance to cover increased cost of electricity for equipment and/or gas for heating
- ☐ Translation of documents into Braille, large print or audio tape
- ☐ Home visit by Housing Authority representative to conduct re-certifications
- ☐ Other: _____

3. Describe why this accommodation is needed and how it relates to a disability:

4. List the name and contact information of the individual who can verify the disability and the need for the accommodation requested. This should be an individual providing professional services that relate to the disability.

Name: _____ Position: _____
Address: _____ Fax Number: _____
Phone Number: _____

Authorization to Release information: I authorize the care provider listed above to disclose relevant information to the Berkeley Housing Authority regarding the need for a reasonable accommodation. I understand the information BHA obtains will be kept confidential and used solely to determine if an accommodation should be provided. I hereby authorize my healthcare provider (named above) to release the requested information on the "Verification of Need for Reasonable Accommodation" form to the Housing Authority.

Print Name

Phone

Signature

Date