



## TWIN FALLS HOUSING AUTHORITY REQUEST FOR REASONABLE ACCOMMODATION or STRUCTURAL MODIFICATION

This form is to be used by an applicants applying for housing or by a resident of PHA housing to request a change in a rule, policy, procedure, or a physical modification to his/her unit, building common areas, or non-housing program because of his/her disability.

This form should be filled out by the applicant/resident with a disability unless the individual is a minor or cannot do this as a direct result of his/her disability. In this case the applicant/resident's designee may fill out the form.

Please let the property management staff know if you need assistance in filling out this form. PHA staff will assist when requested to do so. Applicants should send the completed form with their housing application to the Occupancy Department. Residents should deliver or mail this form to their Property Manager.

Date of Request: \_\_\_\_\_

1) Name of the applicant/resident with a disability requesting the accommodation:

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

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

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

2) Name of person filling out this form if not the individual listed above:

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

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

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

3) I need the following change as a result of my disability. Check the kind of change(s) needed:

- For current residents: A change in the apartment, some other part of the housing complex, or a non-housing program operated at the complex or other PHA facility. Please be specific about what you need – use the other side of this paper, if necessary.
- For applicants: A specific type of unit, unit features, building features or non-housing program operated at the complex. Please be specific about what you need – use the other side of this paper, if necessary.



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- A change in a PHA rule or procedure or the way the Housing Authority communicates with me. Please list the rule or communication method and be specific about the change you need– use the other side of this paper, if necessary

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- 4) You may verify that I have a disability (**but not the nature or severity of the disability**) and my need for this request as a direct result of my disability by contacting the following person: (Give name, address, phone number of your health care provider):

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

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

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

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

Release of Information:

**I give you permission to contact the above individual(s) to verify that I, or a family member that is under my guardianship, has a disability and needs the Reasonable Accommodation/Structural Modification requested above as a direct result of this disability. I understand that the information you obtain will be kept completely confidential and used solely to determine if you will provide an accommodation/modification.**

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

The Fair Housing Act prohibits discrimination in housing based on color, race, religion, national origin, sex, familial status, or disability.