



525 SOUTH LAWRENCE STREET
MONTGOMERY, ALABAMA 36104-4611
PHONE: (334)-206-7200 – WEBSITE: MHA.TODAY.ORG

REQUEST FOR REASONABLE ACCOMMODATION

NAME: _____

ADDRESS: _____

PHONE: _____

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

Name: _____

Relationship or association with you: _____

2. As a result of this disability, I am requesting the following reasonable accommodation: (please check one or more boxes below):

A change in my apartment or other part of the housing development. Please specify:

A change in the following rule, policy or procedure. (Note that a change in how to meet the terms of the lease may be requested, but the terms of the lease must be met.) Please specify:

Other (for example, a change in the way the MHA communicates with you). Please specify:



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3. This request for reasonable accommodation is necessary so that I can: (Please Specify)

4. I authorized the Montgomery Housing Authority to verify that I have a disability and have the need for the reasonable accommodation I have requested. In order to verify this information the MHA may contact via mail, telephone, or in person the following physician, psychiatrist, licensed psychologist, licensed nurse practitioner, licensed social worker, rehabilitation professional, nonmedical service agency whose function is to provide services to the disabled, or other expertise in the field of:

Name: _____

Title of professional or expert: _____

Agency, Facility or Institution (if any): _____

Address: _____

Telephone: _____

I understand that the information obtained by the MHA, will be kept completely confidential and used solely to make a determination on my reasonable accommodation request.

Please return this form as promptly as possible so that the MHA may make a determination on this request.

Signed: _____ Date: _____

Witness: _____ Date: _____

If on behalf of a minor child, please indicate whether you are the parent or guardian. Where the individual with the disability is over 18 and is not the head of household, he or she should sign the authorization for verification.