

**REASONABLE ACCOMMODATION REQUEST FORM  
FOR PERSONS WITH DISABILITIES**

(Please Print)

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

Address: \_\_\_\_\_ Apt. # \_\_\_\_\_

Town/City \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone Number: ( ) \_\_\_\_\_ Record #/Tenant # \_\_\_\_\_

I have a disability which limits me in the following ways (Describe): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

On account of these limitations, I request the following be done in order to permit me to participate fully in the Housing Authority's housing programs. (Describe): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list names, addresses, telephone number of persons (Doctors, Therapists, Social Workers, et al) who can verify the need for this accommodation:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

***You must Attach Documentation verifying the existence of your disability, your limitations on account of it and your need for accommodation. (Attach documentation)***

*I understand that the Lowell Housing Authority has the right to verify the fact that I have a disability which requires the accommodation requested. This verification is solely for the purposes of determining the most appropriate reasonable, or alternatively acceptable, accommodation.*

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

**FOR OFFICIAL USE BELOW:**

**ACTION TAKEN: ( ) APPROVED ( ) DENIED**

**COMMENTS:** \_\_\_\_\_

**Official's Signature:** \_\_\_\_\_ **Title** \_\_\_\_\_ **Date:** \_\_\_\_\_