

REQUEST FOR REASONABLE ACCOMMODATION

Name of Applicant/Participant	Social Security Number
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Address	City	State	Zip
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Telephone Number	Date of Request
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1. Please indicate the name of the **disabled household member** who is requesting the accommodation.

2. Please describe the reasonable accommodation you are requesting.

3. Please explain the reason you are requesting this accommodation and how it will provide you with equal opportunity to enjoy our housing programs, your unit and/or common areas.

4. Please provide the name and address of a knowledgeable professional, such as a doctor, social worker, or case worker who can verify that your request (1) is related to your disability; and (2) would provide you with an equal opportunity to enjoy our housing programs or that your disability restricts you from performing this task.

If you need assistance with this form or have any additional questions please contact the Housing Authority at (360) 452-7631. Please return this form to:

**Peninsula Housing Authority
2603 South Francis Street
Port Angeles, WA 98362**

The Peninsula Housing Authority does not discriminate on the basis of race, color, national origin, religion, sex, disability or familial status in admission of access to it's programs. If you need to request a reasonable accommodation, contact the PHA at (360) 452-7631