

REQUEST FOR REASONABLE ACCOMMODATION

Name of Applicant/Participant _____ Social Security Number _____

Address _____ City _____ State _____ Zip _____

Telephone Number _____ Date of Request _____

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
727 East 8th Street
Port Angeles, WA 98362**



The Peninsula Housing Authority does not discriminate on the basis of race, creed, age, color, national origin, sex, honorably discharged veteran or military status, sexual orientation, or the presence of any sensory, mental, or physical disability or the use of a trained dog guide or service animal by a person with a disability in admission or access to its programs. If you need a reasonable accommodation, contact the PHA at (360) 452-7631.

