



**LAKE COUNTY HOUSING COMMISSION**

P.O. Box 1049  
Lower Lake, CA 95457  
Phone: (707) 995-3744 TTY: 711  
FAX: (707) 994-2642

**Request for a Reasonable Accommodation**

Name: \_\_\_\_\_ TDD/Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Currently, I am:

- Applying for the Section 8 waiting list
- An applicant on the waiting list
- Certified, looking for a unit
- Housed in a Section 8 unit with this housing agency
- Housed in a Section 8 unit from another housing authority
- Other: \_\_\_\_\_

The following member of my household has a disability that qualifies under HUD rules (a mental or physical impairment that substantially limits one or more major life activities; a record of such an impairment; or being regarded as having such an impairment).

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

As a result of his/ her disability, the following change or changes are necessary so the person listed can have the opportunity to equally participate in the Section 8 program:

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

3. You may verify the disability and the need for this request by contacting:

Name \_\_\_\_\_ Title \_\_\_\_\_

Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

I give you permission to contact the above individual for purposes of verifying that I, or a family member, have a disability and need the reasonable accommodation requested above. I understand that the information you obtain will be kept completely confidential and used solely to determine whether or not you will provide an accommodation. Information obtained under this consent is limited to information that is no older than 12 months old.

Signature \_\_\_\_\_

Date \_\_\_\_\_

