North Central Florida
Regional Housing Authority
P.O. Box 38 Bronson, FL 32621-0038
Phone (352) 486-5420 or 1 (800) 664-5197
Fax (352) 486-5423

REQUEST FOR A REASONABLE ACCOMMODATION
Please Print Clearly using DARK ink. No Pastels of light colored inks.

Head Household Name: _____

1. The following household member, _____, is requesting a reasonable accommodation for the disability.
2. Describe the accommodation you are requesting (tell us specifically what you need). _____
   _____
   _____.
3. Describe why this accommodation is needed and how it relates to a disability, **without** stating what your disability is: _____
   _____
   _____.
4. Do you have a local advocate/caseworker? _____ YES _____ NO
5. What is the person's name? _____.
6. What is their phone number? _____.
7. What is their email address? _____.
8. List the name of the health care provider or social worker who can verify the disability and the need for the accommodation requested. Return this form to the Housing Authority. The Housing Authority may contact this person directly for verification. **If you include information that is incomplete or incorrect, this form will be returned to you to complete and/or correct, which will delay the processing of your request.**
   Name: _____.
   Name of Hospital, Clinic, or Office: _____.
   Complete, current and accurate mailing address and phone number of the person you are asking us to contact: _____
   _____.
   Phone Number: _____.
   Email address: _____.

You will be informed of the Housing Authority's granting, denial, or status of this request within thirty (30) days of the receipt of this request.

Authorization to Release Information: **I authorize the health care provider or social worker listed above to disclose relevant information to North Central Florida Regional Housing Authority regarding the need for a reasonable accommodation. I understand the information the Housing Authority obtains will be kept confidential and used solely to determine if an accommodation should be provided.**

_____ _____ _____
Signature of Family Member Requesting accommodation | Printed Name | Date

Christina Holland, Executive Director/CEO • Debra Holthus, Section 8 Administrator
Karen Diago, Public Housing Administrator • Sherrie Bowen, NCFRHA Attorney • Allen Sauder, Maintenance Superintendent