

DEEP EAST TEXAS REGIONAL HOUSING AUTHORITY
1405 KURTH DRIVE
LUFKIN, TEXAS 75904
(409) 381-5262 / (800) 256-6848 / housing@detcog.org

REQUEST FOR A REASONABLE ACCOMMODATION FORM

[PLEASE PRINT]

NAME _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE WITH AREA CODE: _____

DATE OF REQUEST: _____

The following member of my household has a disability: _____

Relationship to Head of Household: _____

As a result of the disability I am requesting the following Reasonable Accommodation(s):

- Re-examination to be completed by mail
- A change in the following rule, policy or procedure (please specify): _____

- Time Extension on my voucher for locating a unit
- Live In Aide
- Service Animal
- Separate Sleeping Room
- Additional Room for Medical Equipment
- Other (please specify): _____

Disability status will need to be verified by a licensed physician or health care provider or professional representing a social service agency, disability agency or clinic.

A response to grant or deny the request for a Reasonable Accommodation will be made in writing within 30 days of the request.

CONSENT:

I authorize the Deep East Texas Regional Housing Authority to verify that I (or my family member) have a disability and have the need for the specific accommodation(s) I have requested. There must be an identifiable relationship, or nexus, between the requested accommodation and the individual's disability. In order to verify this information, the housing authority may contact the following licensed professional.

[PLEASE PRINT]

NAME AND TITLE _____

AGENCY (IF ANY) _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE (WITH AREA CODE): _____

PRINTED NAME OF CLIENT

DATE OF BIRTH

SIGNATURE OF CLIENT

XXX-XX-
PROVIDE LAST 4 DIGITS OF SSN

DATE