



REASONABLE ACCOMMODATION REQUEST FORM

The Housing Authority of the City of Daytona Beach (HACDB) is committed to the letter and spirit of the Fair Housing Act, which, among other things, prohibits discrimination against persons with disabilities. In accordance with our statutory responsibilities and management policies, we will make reasonable accommodations in our rules, policies, practices, or services, when such accommodations may be necessary to afford persons with disabilities an equal opportunity to use and enjoy housing services of HACDB. **If you are requesting such an accommodation, please fill out this form and return it to our office.**

Name: _____ (Please Print) DOB: _____

Address: _____ City _____ ZIP: _____

1. Please describe the accommodation (exception to our usual rule or policy) that you are requesting:

2. Are you, or any member of your household considered a disabled individual? YES NO

If you answered "No" to # 2 you are not entitled to request a Reasonable Accommodation. The Fair Housing Act defines disability as a physical or mental impairment that substantially limits one or more major life activities. The Supreme Court has determined that to meet this definition a person must have an impairment that prevents or severely restricts the person from doing activities that are of central importance in most peoples' daily lives.

Self or Other Household Member Minor Child Other Adult

Name of Disabled Household Member: _____ DOB: _____

3. Please describe how the requested accommodation is necessary for your use and enjoyment of your apartment community or the Housing Choice Voucher (Section 8) program? (If needed, you may write on the back of this form or attach additional sheets of paper.)

4. Provide the name and address of your medical provider or professional agency, we may contact to verify the need for the requested accommodation:

Name: _____ Telephone: _____

Position: _____ Agency: _____

Address: _____ City/Zip: _____

I give permission for you to contact the above agency for purpose of verifying that myself, or a family member has a need for the above requested Reasonable Accommodation. I understand that the information obtained will be kept completely confidential and will be used solely to verify the accommodation.

Signature: _____ Date: _____