

GEORGETOWN HOUSING AUTHORITY
139 SCROGGIN PARK, GEORGETOWN, KY 40324
502-863-3773

REQUEST FOR A REASONABLE ACCOMMODATION

Name _____ TDD/Phone _____

Address _____

City _____ State/Zip _____

Currently, I am:

- Applying for the public housing waiting list
- An applicant on the waiting list
- Certified, looking for a unit
- Housed in a public housing unit with this housing agency
- 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 or a record of having or being regarded as having such an impairment):

Name: _____

As a result of his/her disability, the following change or changes are necessary so that he/she can have the opportunity to equally participate in the public housing program:

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

Name _____ Title _____

Phone _____

Address _____

City/State/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.

Signature _____ Date _____