

**HOUSING AUTHORITY OF AUGUSTA, GEORGIA .
REQUEST FOR REASONABLE ACCOMMODATION**

You may utilize this form to request that the Housing Authority of the City of Augusta, Georgia (AHA) provide a reasonable accommodation to you, or any member of your household who has a disability, so that you or a member of your household may utilize your residence, or any of the AHA's facilities, programs or services.

For purposes of this form, please refer to the attached "Reasonable Accommodation Policy" to determine whether you are a "qualified individual with a disability". If you would like to request a reasonable accommodation on behalf of yourself or a member of your household, please complete this form. You must date and sign your name at the bottom of this form and return the form to the property manager's office. If you need assistance in understanding whether you or a member of your household is a "qualified individual with a disability" or if you need assistance in completing this form, please contact your local property management office or the AHA's Section 504/ADA Coordinator.

Date of Request

Social Security Number

Name of Applicant/Resident/Participant

Telephone Number

Address

City/State/Zip Code

1. I am requesting the following reasonable accommodation(s): _____

2. I am requesting the reasonable accommodation(s) on behalf of: (name): _____

3. My reason(s) for requesting this reasonable accommodation: _____

4. A physician, licensed health care professional, professional representing a social service agency, disability agency or clinic may provide verification of your disability.

You may request a physical modification to your current unit or a transfer to a unit that has been previously modified [in your development or another development], The Augusta Housing Authority will work with you to determine how to fulfill your reasonable accommodation request. The Augusta Housing Authority may require documentation to support your reasonable accommodation request(s).

Please indicate which option you prefer:

_____ I wish to have modifications made to my current unit only

_____ I would consider moving to a unit that is currently modified, but only within my current development

_____ I would consider moving to a unit that is currently modified, even in another Development

Signature of Applicant/Resident/Participant

Date