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750 Commerce Drive
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Decatur, Georgia 30030



REQUEST FOR REASONABLE ACCOMMODATION

You may utilize this form to request that HADC 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 HADC's facilities, programs, or services.

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 HADC 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 the HADC.

Date of Request: _____

Name of Applicant/Resident/Participant: _____

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

Telephone Number: _____

Email Address: _____

Address: _____

City/St/Zip: _____

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

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

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

HADC will work with you up to determine how to fulfill your reasonable accommodation request(s).

HADC may require documentation to support your reasonable accommodation request(s).

Signature of Applicant/Resident/Participant

Date

Please Print in Blue or Black Ink