



Port Huron **HOUSING** Commission

905 Seventh Street - Port Huron, Michigan 48060

Phone: (810) 984-3173 - Fax: (810) 984-6430

REQUEST FOR REASONABLE ACCOMMODATION

Pursuant to the Federal Fair Housing Act with respect to Disabilities and Reasonable Accommodations, this form must be completed by any new applicant or existing program participant who requires special program accessibility.

Applicant / Program Participant Name

Date

Current Address

City

Zip

Please check one:

- New Applicant
- Existing Program Participant

Please state your request and reason:

- Extra Bedroom
- A barrier free unit
- Other modifications (specify) _____
- Live In Aide (must complete Live In Aide / Attendant Certification)
- Other _____

Is there anyone willing to pay for these modifications?

- Yes; If yes, specify _____
- No

Applicant / Program Participant Signature

Date

TO BE COMPLETED BY STAFF MEMBER:

1. Is the Requestor a person with disabilities?

- Yes
- No

2. Is the disability apparent or documented?

- Yes
- No

3. Is the accommodation related to the disability?

- Yes
- No

4. Is verification / documentation attached?

- Yes
- No

5. Staff documentation: _____

Staff Signature

Date

(Forward to Executive Director within two (2) days of receipt)

TO BE COMPLETED BY EXECUTIVE DIRECTOR (504/ADA COORDINATOR):

1. Verification / documentation requested?

- Yes
- No

2. If so, date sent: _____ Deadline for return: _____
(Must be within twenty (20) days of receipt)

3. Request is (To be completed within thirty (30) days of receipt of all required information):

- Approved
- Denied; reason: _____
- Pending; reason: _____

Executive Director Signature

Date

(Forward to staff for implementation)