

# TENANT'S REASONABLE ACCOMODATION REQUEST FORM



The Tioga/Bradford County Housing Authority 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 their housing communities. If you are requesting such an accommodation, please fill out this form and return it to your Building Manager.

Tenant's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Request: \_\_\_\_\_

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

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1. Do you consider yourself disabled?

The Fair Housing Act defines disability as a physical or mental impairment that substantially limits one or more major life activities. The impairment must be permanent (continued for longer than 6-9 months) to be covered by the Fair Housing Act.

YES  NO

2. Please describe how the requested accommodation is necessary for your use and enjoyment of your apartment community. If needed, you may write on the back of this form or attach additional sheets of paper.

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3. Please describe how the accommodation requested is connected to your disability.

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Please return this request to your Building Manager. We will notify you as to whether or not you will need to provide a signed Verification Form and whether we will need you to fill in the below requested name and contact information for a professional third party.

**Third Party Verification – Only fill this out after you have been instructed to do so by your Building Manager.**

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

