DALLAS COUNTY
HEALTH AND HUMAN SERVICES
HOUSING DIVISION

EQUAL HOUSING OPPORTUNITY

PHILIP HUANG, MD, MPH
DIRECTOR

Request for a Reasonable Accommodation

Head of Household: _____ TDD/ Phone # _____

Address: _____

City: _____ State _____ Zip Code _____

The following member of my household is elderly, near elderly or has a disability that qualifies under HUD regulations (24 CFR, 5.403) as a person who has a physical or mental impairment that substantially limits one or more major life activities; has a record of such impairment; or is regarded as having such impairment.
Household member name: _____

The head of household is requesting the additional bedroom for the following reasons:

☐ A full-time Live in Aide that is necessary to afford use and enjoyment of the dwelling unit (24 CFR Sec.982.316). A daily in home worker, as an alternative accommodation, is not equally effective.
A Live in Aide must meet HUD and DCHA requirements

☐ Medical equipment based on its size/ function (disabled household members only). Please specify equipment dimensions and functional requirements: _____

☐ Other requests: (Please specify)

_____

You may verify the need for this request by contacting the following physician or qualified professional:

Name _____ Title _____

Phone #_____ Fax _____

Address_____

City: _____ State _____ Zip Code _____

I give you permission to contact the above individual for the purposes of verifying that I (or a family member) have a disability and/or need the reasonable accommodation as requested above. I understand that the information you obtain will be kept completely confidential and used solely to determine eligibility for a reasonable accommodation. I authorize the Physician or Qualified Professional listed above to disclose any information requested by DCHA concerning my request for reasonable accommodation.

Print Name _____ Signature _____ Date_____

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