



SHA-1003

Accommodation or Modification Request

MUST BE Completed by Staff

Date Received: _____ By: _____

Date Reviewed: _____ Date Completed: _____ Outcome: _____

Head of Household _____ Phone _____

Address _____ Unit # _____ Zip Code _____

I, or a member of my household (*name*) _____ have a disability which requires an accommodation or modification to eliminate barriers as described below:

Describe specifically what is needed to accommodate your disability: Specific diagnostic information and medical records are not needed. Please provide information on what we can do to accommodate:

(use additional sheet if necessary) Check here if additional sheet is attached.

Fully accessible unit
Please check this box if your family is in need of a fully accessible unit

Assistive Devices and Auxiliary Aides
Flashing Devices: audio alarm visual alarm intercom doorbell Other

Assistive Care and Medical Services

Live-in-Aide (complete SHA-1120) Comments: _____

Assistance Animal: _____ other _____

Other Services or medical equipment: _____

Language Interpreter and/or Translation (*requests must be made by resident for each interpreter (SHA-952) and translation (SHA-966)*)

Interpreters: Translation Language _____

IMPORTANT: If your household is under eviction, your request for accommodation must be received before service of the Summons and Complaint to be considered under SHA's administrative procedures.

I understand that the above information is true to the best of my knowledge and that depending on the request, SHA may be required to obtain verification by a physician or other health care professional. Therefore, I may be required to authorize the release of information from a physician or health care professional by signing the Housing Authority's forms, SHA-192, "Verification of Disability", and/or SHA-967, "Verification of Need for Unit" or "Location with Special Features."

Head of Household's Signature _____ Date _____

