



**HOUSING AUTHORITY OF
HOPKINSVILLE**



**P. O. Box 437, 400 N. Elm
St Hopkinsville, KY 42240
Phone: (270) 887-4275 Fax:
(270) 887-4080**

REQUEST FOR REASONABLE ACCOMMODATION

This questionnaire is to be administered at the request of an applicant or tenant of public housing at the Housing Authority of Hopkinsville. It is used to determine whether an applicant family needs special features in their housing unit or modifications to a Housing Authority policy. The need for special adaptations must be verified in order to assure that the limited number of units with special features go to families that actually need the features.

 Name _____
 Address _____ Phone _____
 Interview Conducted By _____ Date _____

Name of Person Request is being made for: _____
 (if other than the name listed
 above) _____

1. Will you, or any member of your family require any of the following?
- Unit for Vision-Impaired
 - Unit for Hearing-Impaired
 - Bedroom & Bath on 1st floor
 - Wheelchair Accessible Entry
 - Other: _____
 - A barrier-free apartment
 - One-level unit (no unit above)
 - Extra Bedroom
 - Fully Wheelchair Accessible Unit

2. Do you or any family member require a change to one or more of the Housing Authority's policies in order to have the same access to our programs and facilities that everyone else does?

_____ Yes _____ No If yes, please explain: _____

3. How is this request related to the person's disability? How would granting your request level the playing field and give you the same access to housing as everyone else? (DO NOT SPECIFICALLY LIST THE NATURE OR EXTENT OF ANY DISABILITY)

4. If this request is granted, will you still be able to meet your other obligations as a Housing Authority tenant, such as paying your rent, keeping your unit clean, reporting required information to our office, avoid disturbing the neighbors, etc.? ____ Yes ____ No If no, please explain: _____

5. Other request(s): _____

AUTHORIZATION & RELEASE OF INFORMATION:

I authorize the Housing Authority to verify, if necessary, my need for the requested features. I authorize the release of information from the person listed below to the Housing Authority of Hopkinsville.

Applicant Signature Date

Who can we contact to verify the need for this request?

Name: _____

Organization: _____

Phone: _____

PLEASE COMPLETE BOTH PAGES OF THIS FORM AND RETURN TO:

HOUSING AUTHORITY OF HOPKINSVILLE
PO BOX 437/400 N. ELM ST.
HOPKINSVILLE, KY 42241-0437
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