

VACAVILLE HOUSING AUTHORITY
40 Eldridge Avenue, Suite 2
Vacaville, California 95688
(707) 449-5675 • TTY (707) 449-5680

REQUEST FOR REASONABLE ACCOMODATION

Head of Household Name:

Tenant ID:

The Federal Fair Housing Act defines a person with a disability to include (1) individuals with a physical or mental impairment that substantially limits one or more major life activities; (2) individuals who are regarded as having such an impairment; and (3) individuals with a record of such impairment.

1. The following household member has a disability as described above.

Name:

Relationship to head of household:

2. I am requesting the following accommodation:

3. This request is necessary so that I can (please be specific):

I authorize the Vacaville Housing Authority to verify that I have a disability and have the need for a reasonable accommodation. I understand the information the VHA obtains will be kept confidential and used solely to make a determination on my reasonable accommodation request.

Signed: _____ Date _____

Name of health professional who can verify disability: _____

Address: _____

Phone(s): _____

Fax: _____