

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

REQUEST FOR REASONABLE ACCOMMODATION:
LIVE-IN AIDE

Head of Household Name:

Tenant ID:

1. 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.

- a. The following household member of my household has a disability as described above and is requesting a live-in aide as reasonable accommodation.

Name:

Relationship to head of household:

2. HUD defines a live-in aide as someone who permanently resides with a family. Occasional, intermittent, multiple or rotating care-givers do not meet the definition of a live-in-aide.

- a. A live-in aide, as defined above, is necessary as reasonable accommodation because:

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: _____

Fax: _____