

**GEORGETOWN HOUSING AUTHORITY**  
**139 SCROGGIN PARK, GEORGETOWN, KY 40324**  
**502-863-3773**

**REQUEST FOR A REASONABLE ACCOMMODATION**

Name \_\_\_\_\_ TDD/Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State/Zip \_\_\_\_\_

Currently, I am:

- Applying for the public housing waiting list
- An applicant on the waiting list
- Certified, looking for a unit
- Housed in a public housing unit with this housing agency
- Other: \_\_\_\_\_

The following member of my household has a disability that qualifies under HUD rules (a mental or physical impairment that substantially limits one or more major life activities or a record of having or being regarded as having such an impairment):

Name: \_\_\_\_\_

As a result of his/her disability, the following change or changes are necessary so that he/she can have the opportunity to equally participate in the public housing program:

\_\_\_\_\_  
\_\_\_\_\_

You may verify the disability and the need for this request by contacting:

Name \_\_\_\_\_ Title \_\_\_\_\_

Phone \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

I give you permission to contact the above individual for purposes of verifying that I (or a family member) have a disability and need the reasonable accommodation requested above. I understand that the information you obtain will be kept completely confidential and used solely to determine whether or not you will provide an accommodation.

Signature \_\_\_\_\_ Date \_\_\_\_\_