



REQUEST FOR ACCOMMODATION OF DISABILITY

NAME OF HEAD OF HOUSEHOLD: _____

ADDRESS: _____

OHA is committed to ensuring that our programs are fully accessible to persons with disabilities. OHA will provide reasonable accommodations so that a person with disabilities has equal opportunity to benefit from OHA's housing and programs. Reasonable accommodations may include an exception to OHA's policies or physical modifications to the family's OHA housing.

NAME OF FAMILY MEMBER WITH DISABILITIES: _____

DATE OF BIRTH OF FAMILY MEMBER WITH DISABILITIES: _____

DESCRIBE THE ACCOMMODATION YOU REQUEST:

DESCRIBE WHY THIS ACCOMMODATION IS NECESSARY TO ADDRESS DISABILITY-RELATED NEEDS: _

You may attach any additional information that would be helpful.

I authorize disclosure to Omaha Housing Authority of information needed to verify this request.

Name of doctor or qualified person to provide verification:

Agency or company name:

Address:

Phone Number:

Fax :

Signature: _____

Date:

FOR OHA USE RECEIVED BY: _____ DATE RECEIVED: _____
IS DISABILITY-RELATED NEED APPARENT/KNOWN TO STAFF? _____ IS FAMILY REVIEW FORM ATTACHEED? _____

This document is available in large type or alternate format upon request.