

Request For a Reasonable Accommodation

If you, a member of your household, or someone associated with you has a disability, and feel that there is a need for a reasonable accommodation for that person to have equal use and access to the community, please complete this form and give the form to your housing provider. Check all items that apply and explain fully. If you cannot fill out this form yourself, you may have someone assist you. Please keep copies of all documents that you submit to your housing provider.

Name of Tenant or Applicant: _____

Date: _____

Name of person with disability: _____

Phone Number: _____

Address: _____

I am requesting the following change or changes in a policy, procedure, rule, service or regulation so that my household members, guests, and I can live here as easily as others and enjoy and participate equally in housing:

I need this reasonable accommodation because:

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If you are working with a company, organization, or individual that might be able to help or advise your housing provider on the accommodation request, please provide the following information:

Name: _____

Address: _____

Phone Number: _____ FAX #: _____

Name: _____

Address: _____

Phone Number: _____ FAX #: _____

I give the Housing Authority of Billings permission to contact any company, organization or individual (that I have indicated above) that might be able to help or advise them on the accommodation request.

Signature of Tenant, Applicant, or Guest: _____

Date: _____

Please notify me within thirty (30) working days on the attached Approval or Denial of a Request for a Reasonable Accommodation and/or Reasonable Modification form.