

REASONABLE ACCOMMODATION REQUEST

Note: This form should be completed by the applicant, resident, or participant for self or on behalf of a family member, and may be submitted to the Housing Authority of Cook County (HACC) at any time. **If you need assistance completing this form,** or you have any additional questions or concerns, please contact Brian Barnes at (312) 542-4683.

Date of Request

Client Number

Name of Applicant/Resident/Participant

Telephone Number

1. Reasonable accommodation requested (What you need HACC to do to accommodate you, in your own words and why)

1. Reasonable accommodation requested for: _____
Household Member's Name

2. Reason for requesting this accommodation: _____

Please state why you require a reasonable accommodation and when

3. You will need to provide proof of your need for the accommodation. Information may be provided from your doctor or other medical professional, a peer support group, a non-medical service agency, or a reliable third party who is in a position to know about the person's disability. The independent party may complete the Reasonable Accommodation Third Party Verification form. **[The Third Party Verification form is NOT to be completed by the person requesting the Reasonable Accommodation.]**

