



REQUEST FOR REASONABLE ACCOMMODATION/MODIFICATION

This form may be used to request that the Baltimore County Office of Housing (BCOH) provide a reasonable accommodation to you or any members of your household who has a disability so that you or a member of your household may utilize your residence, or any of BCOH's facilities, programs or services.

If you would like to request a reasonable accommodation on behalf of yourself or a member of your household, please complete this form.

- Note: 1. If you cannot fill out this form yourself, you may have someone assist you.
2. You may also make the request orally to the BCOH staff member you are working with or with the Reasonable Accommodation Coordinator, Michelle Brown-Mosley, who will help you complete this form.

PLEASE KEEP COPIES OF ALL DOCUMENTS YOU SUBMIT TO BCOH

You must date and sign your name at the bottom of this form and return it to the BCOH staff working with you. If you need assistance in understanding whether you or a member of your household is a "qualified individual with a disability" or if you need assistance in completing this form, please contact the BCOH staff for assistance.

If, BCOH does not require any additional information, you will receive a written response within 10 working days of submitting this request. If BCOH needs additional information, you will hear from BCOH in writing within the next 10 working days.

Date of Request

Social Security Number

Name of Applicant/Participant

Telephone Number

Address

City/State/Zip

Current Size Unit: ___ 0 BR ___ 1 BR ___ 2 BR ___ 3 BR ___ 4 BR ___ 5 BR

Requester Status:

Current Participant (tenant or project-based) Applicant Other

1. I am requesting the following reasonable accommodation(s):

2. I am requesting the reasonable accommodation(s) on behalf of: (name)

3. My reason(s) for requesting this reasonable accommodation:

4. It may be helpful for BCOH to receive verification or a letter from your doctor, social service agency, disability agency, clinic or other provider to better understand your needs. Please feel free to use BCOH's verification form, which can be obtained from BCOH's website, or BCOH's business office located at 6401 York Road, First Floor, Baltimore, Maryland 21212.

5. If you need a different unit or modification to your unit because of your disability, BCOH will work with you to determine how to fulfill your reasonable accommodation request. Examples of accommodations can include:

- Modifications made to your current unit or modification funds (where available);
- Being placed on a waiting list to move to a unit that better meets your needs;
- Being issued a housing choice voucher to locate housing that suits your needs.

Name: _____ Date: _____
(PRINT NAME)

Signature: _____

Did BCOH staff fill out this form out as a written record of the request? Yes ___ No ___

Did the staff person read it back to the requester to make sure it is accurate? Yes ___ No ___

Name: _____ Date: _____
(PRINT NAME)

BCOH Signature: _____