



***"Committed to Safe and Affordable Housing"***  
**Request for Reasonable Accommodation Form**

The Yakima Housing Authority will give appropriate consideration to reasonable accommodation requests even if the requester makes the request orally or does not use YHA's preferred forms or procedures for making such request. However YHA will document all reasonable accommodation requests in writing.

Head of Household Name \_\_\_\_\_ Phone Number \_\_\_\_\_  
Address: \_\_\_\_\_

**1. The following member of my household has a disability as defined here:**

**(A physical or mental impairment that substantially limits one or more life activities; or a record of having such impairment; or regarded as having such impairment.)**

Name \_\_\_\_\_ Relationship or association to you \_\_\_\_\_

**2. As a result of a disability, I am requesting the following reasonable accommodation:**

**(Please check one or more items listed below).**

\_\_\_\_\_ A change in my unit or other part of the housing needs.

Please Specify \_\_\_\_\_

\_\_\_\_\_ A change in the following rule, policy or procedure. (Note that a change in how to meet the terms of the lease may be requested, but the terms of the lease must be met.)

Please Specify \_\_\_\_\_

\_\_\_\_\_ Other (For example, a change in the way the YHA communicates with you).

Please Specify \_\_\_\_\_

**3. This request for reasonable accommodation is necessary so that I can: Please specify**

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

**4. I authorize the Yakima Housing Authority to verify that I have a disability and have the need for the reasonable accommodation I have requested. In order to verify this information the Sample Housing Authority, may contact the following physician, psychiatrist, licensed psychologist, licensed nurse practitioner, licensed social work, rehabilitation professional, non-medical service agency whose function is to provide services to the disabled, or other expert in the field of \_\_\_\_\_.**

Name of Expert/Professional to contact::

Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

Title \_\_\_\_\_ Agency/Facility \_\_\_\_\_

Address \_\_\_\_\_

(Number and Street)

(City) (State) (Zip Code)

I understand that the information obtained by the Housing Authority will be kept completely confidential and used solely to make a determination on my reasonable accommodation request.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Signed\*\* \_\_\_\_\_ Date \_\_\_\_\_

(\*\*Adult Household Member needing the accommodation, 18 yrs or older)

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