



**BELLINGHAM
WHATCOM COUNTY
HOUSING AUTHORITIES**

LEASED HOUSING DEPARTMENT

MAILING ADDRESS: PO Box 9701 – Bellingham WA 98227-9701

PHONE: (360) 676-6887 • FAX: (360) 527-4630 • TDD: (360) 527-4655

EMAIL: bellinghamhousing.info@bwcha.org • WEBSITE: www.bellinghamhousing.org

Request for a Reasonable Accommodation

1. Name (Head of Household):

2. Phone (include area code):

3. Address:

4. City:

5. Zip code

Currently I am (mark appropriate boxes)

- 6. Applying for Public Housing
- 7. Applying for Housing Choice Voucher (Section 8) or Project Based rental assistance
- 8. Housed in a Public Housing unit
- 9. Housed in a rental unit with voucher (Section 8) or Project Based rental assistance
- 10. Other: _____

The following member of my household has a qualifying disability. (For purposes of granting an accommodation, a qualifying disability is defined as 1) having a physical or mental impairment that substantially limits one or more major life activities or, 2) having a record of such an impairment even if the person no longer has the disability or it no longer limits a major life activity, or 3) being regarded as having an impairment that limits a major life activity.)

11. Name of family member with disability and relationship to head of household (please print):

12. As a direct result of his/her disability the following change or changes are necessary so he/she can have the opportunity to equally participate in the housing assistance program. You may use additional pages, if necessary, or you may refer us to an attached document.

Form continues on back of this page. You must complete the entire form.

Please indicate below who the Housing Authority may contact in order to verify the disability and need for this request.
(Please print clearly)

13. Name:	14. Title:
15. Phone (include area code):	
16. Address:	
17. City:	18. Zip code:

I give the Bellingham/Whatcom County Housing Authorities permission to contact the above named individual for purposes of verifying that the family member has a disability that requires an accommodation and/or verifying the need for accommodation. I understand that all of the information obtained will be kept completely confidential and will be used solely to determine whether or not you will provide an accommodation. I further understand that the Housing Authority may deny the request in whole or in part or that it may provide an alternative solution. If I do not agree with the Housing Authority's determination I understand that I have a right to an informal review or informal hearing.

19. Your name (printed) _____

20. Signature _____ 21. Date _____

Tracking (Housing Authority use only)

BWCHA Form 1010 received on _____ by _____ OR

Verbal or written request received on _____ by _____ In person Phone Written

BWCHA Form 1015 sent to third party on _____ by _____ and received on _____ OR N/A

BWCHA Form 1020 sent to third party on _____ by _____ and received on _____ OR N/A

Comments:

Approvals and notification (check approved/denied, sign and date)

Approved Denied by staff _____ Date: _____

Approved Denied by Leasing Supervisor* _____ Date: _____

Notice sent to client by _____ Date: _____

*Supervisory review required for: approvals over \$100 in cost or for any denials.