

# REQUEST FOR REASONABLE ACCOMMODATION FOR DISABILITIES

The City of Chandler Housing and Redevelopment Division is committed to fully complying with all state, federal and local laws involving non-discrimination and equal opportunity. Any person who believes he/she needs a reasonable accommodation to participate in any program of the City of Chandler Housing and Redevelopment Division should complete this form.

Participant/Applicant Head Of Household Information	
Participant/Applicant's Name:	SS#:
Address:	Phone:

The following member(s) of my household is a person(s) with a disability as defined by one or more of the following: *A physical or mental impairment that substantially limits one or more life activities; or a record of having such impairment; or is regarded as having such impairment.*

Name:	Date of Birth:	SS#:

As a result of this disability, I am requesting the following reasonable accommodation for my household:

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This request for reasonable accommodation is necessary so that I/they can:

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You may verify the disability and the need for the request by contacting:

Medical Provider Name	Title of professional or expert:
Agency/Clinic/Facility:	Telephone:
Address/City/State/Zip	Fax:

*Permission to contact the above individual for the purposes to verify the disability and need the reasonable accommodation listed above has been granted on the signed COCHRD's Authorization for the Release of Information. Information obtained will be kept completely confidential and used solely to make a determination on the reasonable accommodation request.*

I hereby verify that the above information is true and accurate to the best of my knowledge and belief.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Mailing Address:  
Mail Stop 101, PO Box 4008  
Chandler, AZ 85244-4008

City of Chandler Housing and Redevelopment Division  
<http://affordablehousing.chandleraz.gov>  
Ph.(480)782-3200•Fax (480)-782-3220

Office Location:  
235 S. Arizona Avenue  
Chandler, AZ 85225



The Arizona Relay Service provides free 24 hour telephone access for the deaf, hard of hearing, deaf-blind, and hearing or speech impaired. 1-800-367-8939 (TTY) \* 1-800-842-4681 (Voice)

