



824 Griffin Avenue, SW
Post Office Drawer 100
Eastman, Georgia 31023
478.374.5414 (P) • 478.374.0505 (F)
800.255.0056 (TDD)
Michelle Butler, Executive Director
www.eastmanha.com

EASTMAN HOUSING AUTHORITY
REQUEST FOR REASONABLE ACCOMMODATION

You may utilize this form to request that the Eastman Housing Authority (EHA) provide a reasonable accommodation to you or any member of your household who has a disability, so that you or a member of your household may utilize your residence, or any of the EHA's facilities, programs or services.

For purposes of this form, please refer to the attached "Reasonable Accommodation Policy" to determine whether you are "qualified individual with a disability".

If you would like to request a reasonable accommodation on behalf of yourself or a member of your household, please complete this form. You must date and sign your name at the bottom of this form and return the form to Housing Specialist office. 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 your Housing Specialist at the Administrative Office or the EHA's Executive Director.

Date of Request: _____

Name of Applicant/Resident/Participant: _____

Address: _____ Apt. # _____

City/State/Zip _____ Telephone No. _____

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. A physician, licensed health care professional, professional representing a social service agency, disability agency or clinic may provide verification of your disability.

You may request a physical modification to your current unit or a transfer to a unit that has been previously modified [in your development or another development]. The Eastman Housing





Housing Authority of the City of Eastman

824 Griffin Avenue, SW
Post Office Drawer 100
Eastman, Georgia 31023
478.374.5414 (P) • 478.374.0505 (F)
800.255.0056 (TDD)
Michelle Butler, Executive Director
www.eastmanha.com

Authority will work with you to determine how to fulfill your reasonable accommodation request. The Eastman Housing Authority may require documentation to support your reasonable accommodation request(s). Please indicate which option you prefer:

_____ I wish to have modifications made to my current unit only.

_____ I would consider moving to a unit that is currently modified, but only within my current development.

_____ I would consider moving to a unit that is currently modified, even in another development.

Signature of Applicant/Resident/Participant

Date

=====

EHA Office use only:

Date and Signature of staff receiving form:

Staff Signature and Title

Date

Signature and Title of Reviewing Staff Member

Date



EQUAL HOUSING
OPPORTUNITY