



Suisun City Housing Authority
701 Civic Center Boulevard
Suisun City, CA 94585

REASONABLE ACCOMMODATION REQUEST

Head of Household: _____ Date: _____
Address: _____
Phone: _____ Email: _____

It is the Suisun City Housing Authority’s (SCHAs) policy to provide persons with disabilities reasonable accommodations in order to fully access and utilize its programs. Under the Fair Housing Act, a reasonable accommodation is a change, exception, or adjustment to a rule, policy, practice or service. Accommodation requests will be reviewed on a case-by-case basis. Please note, SCHAs may take up to 30 days to process a request.

A person with a disability is defined as any person who has a physical or mental impairment that limits one or more major life activities, or who has a record of having, or being perceived as having, a physical or mental impairment.

- 1. Name of family member who needs the accommodation: _____
- 2. The person above needs the following accommodations to fully access SCHAs program and services:
 - Live-In Aide
 - Separate Bedroom for Medical Equipment
 - Separate Bedroom
 - Other (please describe what is needed) _____

3. What is the connection between the disability and the accommodation being requested?

4. The SCHAs may require a knowledgeable third party (doctor, nurse, specialist, etc.) to verify the need for the accommodation.

Name of professional who can verify need: _____
Title: _____
Address: _____
Phone: _____ Fax: _____
Email: _____

5. Authorization for the Release of Information

By signing below, I am authorizing the above-named doctor, healthcare professional, or other qualified individual to release information to the Suisun City Housing Authority to verify that I have a disability and my need for the reasonable accommodation.

Signature of family member, parent/guardian of minor, or conservator requesting the accommodation

Signature of Head of Household

