

# Grand Forks Housing Authority

## Reasonable Accommodation Form

\_\_\_\_\_  
Date of Request

\_\_\_\_\_  
Name of Applicant/Participant

\_\_\_\_\_  
Social Security #

\_\_\_\_\_  
Address/Or email address (how you want us to communicate with you)

\_\_\_\_\_  
Phone #

I am requesting the following reasonable accommodation(s):

- An Extra Bedroom
- Request to Move because of Medical Reason
- Change in Payment Standard
- Need a Live in Aid
- Other - Explain: \_\_\_\_\_

My reason(s) for requesting this reasonable accommodation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please give the **name and address** of the physician, licensed healthcare professional, professional representing a social service agency, disability agency or clinic who may provide verification of your disability and the need of this reasonable accommodation:

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

- I am requesting a reasonable accommodation for someone else

\_\_\_\_\_  
Signature of Applicant/Resident/Participant

\_\_\_\_\_  
Date

**A person with a disability**, for the purpose of being eligible to request a reasonable accommodation, means an individual with a physical or mental impairment that:

- Substantially limits one or more major life activities;
- Has a record of such an impairment; or
- Be regarded as having such an impairment.
- The term "Physical or mental impairment" includes but is not limited to such diseases and conditions as orthopedic/visual/ speech/hearing impairment, cerebral palsy, autism, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, human immunodeficiency virus infection, developmental disability, emotional illness. Drug addiction and alcoholism are only included if the individual is not currently abusing alcohol so as to constitute a threat to property or the safety of others, or using illegal drugs. Any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems: neurological, musculoskeletal, special sense organs, respiratory including speech organs, cardiovascular, reproductive, digestive, genito-urinary, hemic and lymphatic skin, and endocrine.

\*If you wish to request a physical modification to the unit, your request must be made to the owner of that property.

1405 1st Ave N, Grand Forks, ND 58203 | [www.thegfha.org](http://www.thegfha.org) | Office: (701) 746-2545 | Fax: (701) 746-2548

