HOUSING AUTHORITY OF THE CITY OF STERLING
REQUEST FOR REASONABLE
ACCOMMODATION FORM

Name_____ Date of Request_____

Addrress_____Unit #_____

Phone # you can be reached at or message phone_____

Please indicate your reasonable accommodation request below and why you feel it is necessary:_____

_____

_____

_____

_____

Are you willing to pay for this accommodation? Yes No Possibly

Will the accommodation violate any codes or affect the structural integrity of the building? Yes No

If more than one accommodation is equally effective in providing access to the Sterling Housing Authority's programs and services, the Sterling Housing Authority retains the right to select the most efficient or economic choice.

Accommodation approved: Yes No

If no, the reason this reasonable accommodation request has been denied is_____

_____

_____

_____ _____

Signature of Director Date