



APPLICANT/RESIDENT REASONABLE ACCOMMODATION REQUEST FORM

The Harrisburg Housing Authority is committed to the letter and spirit of the Fair Housing Act, which, among other things, prohibits discrimination against persons with disabilities. In accordance with our statutory responsibilities and management policies, we will make reasonable accommodations in our rules, policies, practices, or services, when such accommodations may be necessary to afford persons with disabilities an equal opportunity to be able to use and enjoy their housing community. If you are requesting such an accommodation, please fill out this form and return it to the Management Office.

Applicant Resident Name: _____

Address: _____

Date of Request: _____

Please describe the accommodation (exception to our usual rule or policy) that you are requesting.

1. Do you consider yourself to be disabled? Yes _____ or No _____

The Fair Housing Act defines disability as a physical or mental impairment that **substantially** limits one or more major life activities. The Supreme Court has determined that to meet this definition a person must have **an impairment that prevents or severely restricts the person from doing activities that are of central importance in most people's daily life.**

2. Please describe how the requested accommodation is necessary for your use and enjoyment of your apartment community. (If needed, you may write on the back of this form or attach additional sheets of paper.)

3. Date of last examination/evaluation. _____

4. Please provide the contact information for a professional third party verifier to whom we will send the attached form.

Name: _____

Position: _____

Address: _____

Phone Number: _____

If you have any questions regarding the request form, please contact Catherine Wyatt, 504 Coordinator, at 717-257-3957. Thank you.