JACKSON COUNTY HOUSING AUTHORITY
P.O. Box 1209 • 300 North Seventh Street • Murphysboro IL 62966 • 618-684-3183 • Fax 618-684-3222
www.jacksoncountyhousingauthority.org

REASONABLE ACCOMMODATION REQUEST

HEAD OF HOUSEHOLD: _____ PHONE: _____

REQUESTOR: _____
(PERSON REQUESTING REASONABLE ACCOMMODATION IF OTHER THAN HEAD OF HOUSEHOLD. PRINT NAME.)

ADDRESS: _____ TENANT NO: _____

SIGNATURE: _____
(HEAD OF HOUSEHOLD, OTHER REQUESTOR OR AUTHORIZED REPRESENTATIVE OF REQUESTOR)

A disability is defined, in part, as a physical or mental impairment that substantially limits one or more major life activities; a record of having such an impairment; or being regarded as having such an impairment.

A public housing resident may request a change in his or her current unit or a transfer to a unit that has already been changed (in the resident's development or another development). An applicant, resident or program participant may request assistance with, or change in, a Jackson county Housing Authority (JCHA) practice, rule, policy, procedure, program, or service.

JCHA will work with the applicant, resident, or program participant to determine to provide the reasonable accommodation request. JCHA may require documentation to support the reasonable accommodation request(s).

1. Following is the name of the household member with a disability who needs a reasonable accommodation:

   Name: _____

2. Because of the above household member's disability, the following change(s) or assistance (reasonable accommodation) is necessary so that the individual can participate in a JCHA program as easily or successfully as other program participants. Check the kind of change(s) you need.

   [ ] A change or special feature in a JCHA dwelling, building or property. Note: if you are a section 8 program participant, you must make these kinds of requests to your landlord.

   [ ] Assistance with, or change in, a JCHA practice, rule, policy, procedure, program or service.

3. Describe the problem that the household member named in item 1 is having, or might have, with a JCHA dwelling, building, property, practice, rule, policy, procedure, program or service:_____
   _____
   _____
   _____

4. Describe the type of change or assistance (reasonable accommodation) required: ___
   _____
   _____
   _____

5. Describe how this change or assistance will help with the problem: _____
   _____
   _____
   _____

6. Indicate the verification source the JCHA may contact to verify that the household member named in item 1 has a disability and needs a reasonable accommodation.

_____	_____
Name of Health Care Provider/Documenting Authority	Title
_____	
Company	
_____	_____
Address	Telephone Number
_____	_____
City/State/Zip Code	Fax Number

Note: Individuals may obtain a copy of the JCHA Reasonable Accommodation Policy and Procedures, upon request, from the JCHA office, Housing Property Managers, and Section 8 Office.