



SOUTH GATE HOUSING AUTHORITY

8650 CALIFORNIA AVENUE • SOUTH GATE, CALIFORNIA • 90280

(323) 563-9534 • Fax (323) 563-5751

REQUEST FOR A REASONABLE ACCOMMODATION

Name: _____ TDD / Phone #: _____

Address: _____ Other Phone #: _____

City: _____ Zip Code: _____

Currently, I am:

- Applying for the Section 8 Housing Choice Voucher Program, waiting list
- An applicant on the waiting list
- Certified, looking for a unit
- Housed in a Section 8 unit with this housing agency
- Housed in a Section 8 unit from another housing agency
- Other: _____

The following member of my household has a disability that qualifies under HUD rules (a mental or physical impairment that substantially limits one or more major life activities; a record of such an impairment; or being regarded as having such an impairment).

Name: _____

As a result of his/her disability, the following change or changes are necessary so the person listed can have the opportunity to equally participate in the Section 8 Housing Choice Voucher Program:

You may verify the disability and the need for this request by contacting:

Name: _____ Title: _____

Address: _____ City: _____ Zip: _____

Phone #: _____

I give you permission to contact the above individual for purposes of verifying that I, or a family member, have a disability and need the reasonable accommodation requested above. I understand that the information you obtain will be kept completely confidential and used solely to determine whether or not you will provide an accommodation.

Signature: _____ Date: _____