

REQUEST FOR REASONABLE ACCOMMODATION

If you are disabled and require a special accommodation in order to make application to the Englewood Housing Authority housing programs, please complete the following information.

Name: (please print) _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone #: _____ Best time to call: _____

Work Phone #: _____ Best time to call: _____

Please describe how your disability limits your ability to gain access to application for our housing programs. In addition, please make any suggestions that you believe would make the application process accessible to you.

Applicant Signature

Date