



Stark Metropolitan Housing Authority

400 East Tuscarawas St.

Canton, OH 44702

PH: 330-454-8051

FAX: 330-454-8065



REQUEST FOR A REASONABLE ACCOMMODATION

Name: _____ **DOB:** _____ **Phone:** _____

Address: _____ **PH AMP:** _____

SMHA Manager: _____ **Department:** _____

- The following member of my household has a disability as defined below:
A physical or mental impairment that substantially limits one or more major life activities; a record of having such an impairment; and being regarded as having such an impairment.

The term ‘major life activity’ mean those activities that are of **central importance to daily life**, such as seeing, hearing, walking, bathing, performing manual tasks, caring for one’s self, learning and speaking. This list is not exhaustive.

Name of household member: _____

- As a result of my/my family member’s disability, the following change or changes are requested so that we can participate equally and successfully in the Section 8 &/or the Public Housing Programs. **Check the kind of change(s) you need.**

- A change in the way we communicate with you
- A change in the following rule, policy, services or procedure _____

- A modification to my unit. Describe: _____

- Based on my disability, I need this accommodation because or in order to:

- What alternative accommodation could meet the same need should the request made be unavailable or deemed unreasonable?

- You may verify that I or my family member has a disability and needs this accommodation as a result of a disability, by contacting the following qualified 3rd party:

Name: _____ **Phone:** _____

Address: _____ **City, State, Zip Code:** _____

****Requested Accommodations that obviously meet the need of the requestor does not need to be verified by a third party professional.**



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I give you permission to contact the above individual for purposes of verifying that I or a family member has a disability and need the reasonable accommodation/modification requested above. I understand that the information you obtain will be kept completely confidential and used solely to determine if you will provide an accommodation or unless disclosure is required by Law.

Signed: _____

Date: _____