

REASONABLE ACCOMODATION REQUEST FORM
VOUCHER HOLDER

You may utilize this form to request that the City of Janesville, Neighborhood Services office provides you, or any member of your household who has a disability, so that you or a member of your household may utilize their Section 8 Voucher Program and related services.

Date of Request: _____

Name: _____

Phone: _____

1. I am requesting the following specific reasonable accommodation(s): _____

2. I am requesting the reasonable accommodation(s) on behalf of: (name) _____

3. My reason(s) for requesting this reasonable accommodation: _____

A physician, licensed health care professional, professional representing a social service agency, disability agency or clinic may provide verification of your disability.

You may verify the need for this request by contacting:

Name: _____

Address: _____

I give permission to the City of Janesville, Neighborhood Services Office to contact the individual named above to verify that I, or a family member of mine, needs the reasonable accommodation requested above.

Signed: _____