



600 Park Avenue
Bremerton WA 98337
(p) 360-479-3694
(f) 360-616-2927
www.bremertonhousing.org

Request for Reasonable Accommodation/Modification

If you, or a member of your household, has a disability, and would like to ask the Housing Authority of the City of Bremerton (BHA) for an accommodation to its rules or practices or to make a modification to his or her apartment for that person to have equal use and access to BHA programs, please complete this form and return it to BHA.

Check all items that apply and explain fully. Use the other side of this form if you need more space. If you cannot fill out this form yourself, you may have someone assist you.

Please keep copies of all documents that you submit to your housing provider.

Name of Head of Household: _____

Current Address: _____

Phone: _____

The person(s) who has a disability requiring a reasonable accommodation and/or modification is:

- Myself
 A person in my household

Name of person with disability: _____

Requester Status:

1. I am disabled.
2. My disability affects or limits my activities in the following ways:

3. I need the following accommodation or modification because of my disability:

Please provide the name, telephone number and address of a medical or social service professional who can verify your request for reasonable accommodation/modification:

Name:	
Address:	
Telephone:	

RELEASE OF INFORMATION

I give my permission for the Bremerton Housing Authority to verify my request for reasonable accommodation with the medical/social service professional listed above.

Signature of person requiring accommodation

Date

Print Name