



HOUSING AUTHORITY OF THE CITY OF LOS ANGELES

REASONABLE ACCOMMODATION QUESTIONNAIRE

A person with a disability(ies) may request a change, exception or adjustment to HACLA's rules, policies, practices, procedures or modifications to its housing units or common areas as a reasonable accommodation. Requesting an accommodation does not affect participation in the program. **This form is to be completed and returned to the HACLA as part of the application and annual review process but can be requested and submitted at any time as needed.**

Contact your HACLA worker if assistance is needed in completing this form.

Head of Household Name: _____ Reg #/Client # _____

Address: _____ Phone # _____

Other preferred contact information: _____

Please check the appropriate box, provide the information as necessary, sign the bottom, and submit to the HACLA.

1. Does anyone in your household need a reasonable accommodation?

No - If **No**, complete number 3 below

Yes - If **Yes**, complete numbers 1a, 1b, 1c, 2, and 3 below

1a. Print the name of the family member requiring the accommodation _____

1b. Describe the accommodation needed _____

1c. Is this request to rescind a negative action taken by HACLA because the family did not comply with program requirements and the reason for not complying was due to a household member's disability? No Yes

If **Yes**, how did the disability prevent compliance with the rules and requirements of the program? *(Include any applicable dates)* _____

2. Person who can verify the disability and the disability-related need for the accommodation, such as but not limited to: a licensed physician, physical therapist, psychiatrist, social worker, caseworker, or counselor.

Name: _____

Agency (if applicable): _____

Address: _____

Phone number: _____ Fax number: _____

E-mail (if known): _____

3. **Signature: I certify the above information is correct.**

Signature of Head of Household or Co-head

Date

4. **Please submit the completed form to the HACLA.**

For HACLA use only

Received by: _____ Date _____

Notes:

Cal/Manager Code: _____

Unit No: _____

Reg./Client No: _____

Review Month: _____