



Dallas Housing Authority

3939 N. Hampton Rd., Dallas, TX 75212 | Phone: 214.951.8300 | Fax: 214.951.8800 | www.dhadal.com

REQUEST FOR REASONABLE ACCOMMODATION FORM

This form is to be used by an individual with a disability who is applying for housing assistance or who is currently a participant in the programs administered by the Dallas Housing Authority (DHA). This form is used to request an accommodation, i.e., a change, an exception, or an adjustment to a rule, policy, practice, or service, or a modification that may be necessary for a person with a disability to have an equal opportunity to use and enjoy a dwelling.

This form should be completed by the applicant/participant with a disability, unless such individual is a minor or cannot complete this form as a direct result of his/her disability. In such case, the designee of the applicant/participant or the responsible adult may complete the form.

If you need assistance in filling out this form, please notify a DHA staff member for assistance. For additional information, please contact the 504/ADA Coordinator at 214-951-8348; TTY 1-800-735-2989 and 214-951-8367, or at 504ADA@dhadal.com.

Date of Request: _____

1. Name of the Head of Household:

Name: _____

Date of birth: _____

Complete mailing address: _____

Phone: _____

2. Name of the individual with a disability requesting the accommodation:

Name: _____

Date of birth: _____

Address: _____

Phone: _____

Relationship to the Head of Household: _____

3. Name of the person filling out this form, if not the individual listed in #2 above:

Name: _____

Address: _____

Phone: _____

Relationship to the individual listed in #2 above: _____

DHA is a Fair Housing and Equal Opportunity Agency
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TTY 1.800.735.2989 and 214-951-8367 or 504ADA@dhadal.com



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4. I need the following accommodation(s) as a result of my disability (Be specific about what you need without disclosing the nature and extent of your disability/medical condition):

5. DHA may contact my healthcare provider to verify that: (1) I have a disability, and that (2) my need for the accommodation requested above in #4 is a direct result of my disability.

Full name (First & Last Names) of Healthcare Professional:

Title of Healthcare Professional (e.g., M.D., D.O., N.P.): _____

Complete mailing address: _____

Telephone/fax: _____

AUTHORIZATION FOR RELEASE OF INFORMATION:

By my signature below, I authorize the Dallas Housing Authority to contact the healthcare professional listed in #5 above to verify that I, or a member of my assisted family, have a disability and need the accommodation specified above in #4, which need is a direct result of this disability. I acknowledge I am a person authorized to sign this release. I understand that the information to be obtained will be kept confidential and will be used solely for the purpose of determining if the accommodation I have requested can be provided.

Name (Printed): _____

Signature: _____

Date: _____

The Fair Housing Act prohibits discrimination in housing based on color, race, religion, national origin, sex, familial status, or disability.

DHA (11.10)