



**Any individual with a disability or other medical need who needs accommodation with respect to this correspondence should inform the Department.**

Please notify the Department that you require interpretation services if you do not speak, read or write English. Interpretation may be provided, at no cost to you, in your primary language to help you to understand this notice.

**REASONABLE ACCOMMODATION:  
REQUEST FOR CONSIDERATION OF MITIGATING CIRCUMSTANCES**

Applicant/Tenant Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ email: \_\_\_\_\_

I have a disability. I request that you consider the following reasons why the problems that caused you to terminate my housing assistance are a result of my disability and why they are not likely to happen again. These are the mitigating circumstances:

1. I think the problem happened as a result of my disability. This is why my disability resulted in the problem:

2. I think the problem is not likely to happen again because:

The things described below have changed in my life. (Please describe.)

or

A reasonable accommodation from housing would solve the problem. (Please describe or attach a REASONABLE ACCOMMODATION REQUEST form.)

Continue on other side ☒



3. You can verify that the problem for which I was terminated from housing was as a result of my disability by contacting:

Agency Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone: \_\_\_\_\_ email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

4. You can verify the reasons that I think the problem isn't likely to happen again and that I will be likely to continue doing what I need to do to avoid these problems by contacting:

Agency Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone: \_\_\_\_\_ email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

5. You can verify that the reasonable accommodation request I made is necessary for me and likely to solve the problem by contacting:

Agency Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone: \_\_\_\_\_ email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**When complete**, please return this form to the Department of Housing Services at the address below.

