

# St. Clair HOUSING Commission

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400 South Third Street - St. Clair, Michigan 48079  
Phone: (810) 329-9141 - Fax: (810) 329-0819

## REQUEST FOR REASONABLE ACCOMMODATION

Pursuant to the Federal Fair Housing Act with respect to Disabilities and Reasonable Accommodations, this form must be completed by any new applicant or existing program participant who requires special program accessibility.

\_\_\_\_\_  
Applicant / Program Participant Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Current Address

\_\_\_\_\_  
City

\_\_\_\_\_  
Zip

Please check one:

- New Applicant
- Existing Program Participant

Please state your request and reason:

- Extra Bedroom
- A barrier free unit
- Other modifications (specify) \_\_\_\_\_
- Live In Aide (must complete Live In Aide / Attendant Certification)
- Other \_\_\_\_\_

Is there anyone willing to pay for these modifications?

- Yes; If yes, specify \_\_\_\_\_
- No

\_\_\_\_\_  
Applicant / Program Participant Signature

\_\_\_\_\_  
Date

**TO BE COMPLETED BY STAFF MEMBER:**

1. Is the Requestor a person with disabilities?

- Yes
- No

2. Is the disability apparent or documented?

- Yes
- No

3. Is the accommodation related to the disability?

- Yes
- No

4. Is verification / documentation attached?

- Yes
- No

5. Staff documentation: \_\_\_\_\_

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Date

**(Forward to Executive Director within two (2) days of receipt)**

**TO BE COMPLETED BY EXECUTIVE DIRECTOR (504/ADA COORDINATOR):**

1. Verification / documentation requested?

- Yes
- No

2. If so, date sent: \_\_\_\_\_ Deadline for return: \_\_\_\_\_  
(Must be within twenty (20) days of receipt)

3. Request is (To be completed within thirty (30) days of receipt of all required information):

- Approved
- Denied; reason: \_\_\_\_\_

\_\_\_\_\_  
Executive Director Signature

\_\_\_\_\_  
Date

**(Forward to staff for implementation)**