

LAGRANGE HOUSING AUTHORITY
REASONABLE ACCOMMODATION SPECIAL UNIT REQUIREMENT(S)
QUESTIONNAIRE



This questionnaire is to be administered to every applicant for public housing at the LaGrange Housing Authority. It is used to determine whether an applicant's family needs special features in their housing unit. The need for special adaptations must be verified in order to assure that the limited number of units with special features go to families that actually need the features. We ask that every applicant sign the bottom of the form to indicate receipt of the form, whether or not any special features are requested. No one is required to disclose a disability.

1. Will you, or any member of your family require any of the following:

- A Separate Bedroom
- Unit for Hearing-Impaired
- Bedroom & Bath on Same floor
- Extra Bedroom
- Unit for Vision-Impaired
- One-level unit
- Other modifications to unit

2. If you checked any of the above listed categories of units, please explain what you need to accommodate your situation _____

3. Do you or any other family member need any features not mention? Yes_____ No_____ If yes, please indicate how the PHA should accommodate your family? _____

4. Will you or any of your family members require a live-in-aide to assist you? Yes___No___ If yes, please explain _____ Name and address of Live-in-aide _____

Whom should we contact to verify your need for a special apartment?

Name _____

Address _____ **Telephone** _____

5. What is the name of the family member needing the features identified above? _____

Applicant's Signature _____ **Date** _____

Staff's Signature _____ **Date** _____