Request for Acco	mmodation	
Head of Household:Unit Address:		
Name of disabled or elderly household member requesting accommodation:		
<ul> <li>□ The household member is a person with a disability</li> <li>□ The person receives SSI</li> <li>□ A health care professional will certify on a verif</li> <li>□ The person is elderly (62 years of age or older)</li> </ul>		
Live-in aide request (skip this section if a live-in aide	is not required):	
☐ A live-in aide is necessary to afford the household munit.		
☐ A daily in-home worker is not equally effective as a	reasonable alternative accommodation because:	
Bedroom request:  ☐ The household currently lives in a bedroom ☐ Keep our current unit where we are considered ☐ Be upgraded to a larger bedroom subsidy (vouc ☐ The household member requests the additional bedroize/function.  Describe medical equipment dimensions and/or function	over-housed for now ther) and move to a larger unit room for a live-in aide.  room for medical equipment because of its	
Describe why the current unit (including living room) is	s inadequate:	
The household member needs an extra bedroom as a distinct explained above:	• • • • • • • • • • • • • • • • • • • •	
Other Accommodation (explain):		
Warning: Section 1001 of Title 18 of the U.S. Code makes statements of misrepresentation to any Department or Agence		
Signature of Head of Household	Date Date	

## To be completed by City of Tempe

Date Request Received:		
	Housing Specialist	
Request reviewed and in		
Fair Housing Coordinator	/Date	_
	ACTION RECOMMENDED	
☐ Accommodation grante	ed	
		_
☐ Denied (reason):		-
Approved by:		
Housing Services Adminis	strator/Date	