



Keith Pettigrew, Chief Executive Officer

Request for Reasonable Accommodation

(For assistance with online application)

Name of Applicant requesting reasonable accommodation: _____

Street Address _____

City/State/Zip _____

Phone _____ Email _____

I am requesting a reasonable accommodation that will allow me and/or my family to participate in submitting waiting list applications for Federal housing programs administered by the Alexandria Redevelopment and Housing Authority (ARHA).

Please answer the following questions:

- 1. I have a disability and require assistance with submitting an online waiting list application. Yes No

If you selected “No”, and you do not have a verifiable disability **STOP** here. You may not apply for a reasonable accommodation.

- 2. The accommodation I am requesting is: _____

- 3. Describe how this accommodation will assist you: _____

I certify that I have a verifiable disability or medical condition that requires reasonable accommodation for assistance with submitting a waiting list application to ARHA’s Federal housing program(s).

Print Name _____

Signature _____

Date _____