



## COLVILLE INDIAN HOUSING AUTHORITY

P.O. BOX 528 • Nespelem, WA 99155

509-634-2160 • (f) 509-634-2335

TTY: 711

### REQUEST FOR A REASONABLE ACCOMMODATION

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Unit # \_\_\_\_\_

Date \_\_\_\_\_  
 Telephone \_\_\_\_\_

- A. **The following member of my household needs a reasonable accommodation/modification. Please provide the following reasonable accommodation/modification:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- B. **This reasonable accommodation/modification can be verified with documentation submitted from:**

- Caseworker                       Social Worker                       Therapist  
 Psychologist                       Physician  
 Some other person who has knowledge of the need for the accommodation.

- C. **If you are requesting a service animal and/or emotional support animal, your physician will need to complete the section below and sign off.**

1. Does the person seeking to use and live with the animal have a disability – *i.e.*, a physical or mental impairment that substantially limits one or more major life activities?

Yes  No

2. Does the person making the request have a disability-related need for an assistance animal? In other words, does the animal work, provide assistance, perform tasks or services for the benefit of a person with a disability, or provide emotional support that alleviates one or more of the identified symptoms or effects of a person's existing disability?

Yes  No

\_\_\_\_\_  
 Physician Signature

\_\_\_\_\_  
 Date

**D. Please tell us how the accommodation/modification will:**

1. Help you live in your home: \_\_\_\_\_  
\_\_\_\_\_
2. Take part in our program: \_\_\_\_\_  
\_\_\_\_\_
3. Meet the requirements of our program: \_\_\_\_\_  
\_\_\_\_\_
4. Additional Information: \_\_\_\_\_  
\_\_\_\_\_

**DO NOT SIGN BELOW THIS LINE – OFFICIAL USE ONLY**

<b>RENTAL UNIT AVAILABLE</b>		
Decision within 30 day time period, receipt of application:	<input type="checkbox"/> yes	<input type="checkbox"/> no
Reasonable Accommodation/Modification available:	<input type="checkbox"/> yes	<input type="checkbox"/> no
Time extension needed to verify accommodation:	<input type="checkbox"/> yes	<input type="checkbox"/> no
Offer, other than one requested, that is equally effective:	<input type="checkbox"/> yes	<input type="checkbox"/> no
_____ Tenant	_____ Date	
_____ Tenant	_____ Date	
_____ CIHA Staff	_____ Date	