



Request for Reasonable Accommodation

All requests for accommodations are treated as a high priority

Check one: ☐ Completed by resident ☐ Completed by mgmt

Community Name: _____

Applicant/Resident Name: _____ Applicant /Unit# _____

Date of Request _____ Contact Number: _____

PLEASE DESCRIBE/IDENTIFY THE ACCOMMODATION YOU ARE REQUESTING:

PLEASE DESCRIBE HOW THIS ACCOMMODATION WOULD MEET YOUR SPECIFIC NEEDS:

Do not provide any personal/ confidential medical information. Information is requested solely to determine your need for an accommodation under the Fair Housing Act and is be held in strict confidence.

RESIDENT/ APPLICANT SIGNATURE

EQUAL HOUSING OPPORTUNITY

EBALDC does not discriminate on the basis of disability in the admission or access to, or treatment or employment in, its federally assisted programs and activities. A experienced staff member has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24 CFR, part 8 dated June 2, 1988). You may address your request for review or reconsideration to:

1825 San Pablo Avenue, Suite 200 Oakland, CA 94612 Phone: 510-287-5353 TTY: 711 Fax: 510-763-4143 www.ebaldc.org