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<http://www.housingkitsap.org>

Request for Reasonable Accommodation and/or Modification

(Rev 3.7.18)

If you, or a member of your household, has a disability, and feel that there is a need for a reasonable accommodation for that person to have equal use and access Housing Kitsap programs, please complete this form and return it to the rental office. Check all items that apply and explain fully. Use the other side of this form if you need more space. If you cannot fill out this form yourself, you may have someone assist you. Please keep copies of all documents that you submit to your housing provider. A response to the request will be issued as quickly as possible. Housing Kitsap strives to give a written response within 60 days from receiving the request.

Name of Resident or Applicant: _____ Date: _____

Current Address: _____

The person(s) who has a disability requiring a reasonable accommodation and/or modification is:

- ☐ Myself
☐ A person in my household

Household member who needs accommodation (1 person per request): _____

Phone number: _____

Address: _____

I am requesting the following modification and/or change in policy or procedure so that my household members, guests, and I can live here as easily as others and enjoy and participate equally in housing:

(1 accommodation/modification request per form):

- ☐ Wheelchair accessible unit
☐ Sensory impaired accessible unit
☐ Ground floor unit (no stairs)
☐ Physical adaptations (grab bars etc.) (Describe) _____
☐ Service Animal (Please indicate the type of animal) _____
☐ Companion Animal (Please indicate the type of animal) _____
☐ Large type documents
☐ Live-In Aide (Name of proposed Live-In Aide): _____ Relation: _____
☐ Other _____

Request for Reasonable Accommodation and/or Modification...Continued

This reasonable accommodation and/or modification is needed because:

Please provide the name, telephone number, fax number and address of a medical or social service professional who can verify your need for a reasonable accommodation/ modification:

Name: _____

Telephone Number: _____

Fax Number: _____

Address: _____

+ RELEASE OF INFORMATION +

I give my permission for Housing Kitsap to verify the need for a reasonable accommodation and/or modification with the medical/social service professional listed above.

Signature of authorized person: _____

Printed Name: _____

Date: _____



This institution is an equal opportunity provider and employer.

Housing Kitsap welcomes qualified tenants without regard to race, color, national origin, creed, religion, sex, marital status, familial status, disability or due to ownership of a service animal. Housing Kitsap provides reasonable accommodations to persons with disabilities. If you need this document in an alternate format, please contact Housing Kitsap Section 504 Coordinator, Freddy Linares at (360) 535-6128 or 2244 NW Bucklin Hill Rd, Silverdale, WA 98383.