



## SPECIAL UNIT REQUIREMENT(S) QUESTIONNAIRE

This questionnaire is to be administered to every applicant for public housing at the Housing Authority. It is used to determine whether an applicant family needs special features in their housing unit. The need for special adaptations must be verified in order to assure that the limited number of units with special features go to families that actually need the features.

Applicant Name _____	File _____
Interview Conducted By _____	Date _____

  

- Will you, or any member of your family require any of the following because of a disability?

<input type="checkbox"/> A separate bedroom	<input type="checkbox"/> Unit for Vision-Impaired
<input type="checkbox"/> A barrier-free apartment	<input type="checkbox"/> Unit for Hearing-Impaired
<input type="checkbox"/> One-level unit	<input type="checkbox"/> Bedroom & Bath on 1st floor
<input type="checkbox"/> Other modifications to unit	<input type="checkbox"/> Live-In Aide
- Can you and all family members use the stairs unassisted? Yes  No   
If No, please indicate how the PHA should accommodate your family: \_\_\_\_\_  
\_\_\_\_\_
- Will you or any of your family members need a live-in aide to assist you? Yes  No   
If Yes, please explain \_\_\_\_\_
- If you checked any of the above listed categories of units, please explain exactly what you need to accommodate your situation. Attach additional sheets if needed. \_\_\_\_\_
- What is the name of the family member needing the features identified above? \_\_\_\_\_
- Whom should we contact to verify your need for a special apartment? \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_

\_\_\_\_\_

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_