

**HOUSING AUTHORITY
REASONABLE ACCOMMODATION AGREEMENT**

For Residents

Address: _____

Telephone Number/TTY: _____

Date: _____

RE: Resident's Name: _____

Address: _____

PHA agrees to make the reasonable accommodation(s) described below, to provide the resident an equal opportunity to reside in public or assisted housing.

Description of Accommodation(s): _____

Resident Name: _____

Signature: _____

Manager's Name: _____

Signature: _____

Date Agreement Executed: _____

Note: send copy to 504/ADA Coordinator