



REQUEST FOR A REASONABLE ACCOMMODATION

1. Complete the Request Form

The Head of Household (HoH) or the family member requesting the accommodation please complete the highlighted sections of the **Reasonable Accommodation Request Form and Release of Information below**, describing the accommodation being requested. Once the form has been completed, return it to the **Lake County Housing Authority (LCHA)**.

Incomplete forms or missing signatures may delay the review of your request.

2. Verification by a Knowledgeable Professional

After the completed forms are received, LCHA will send verification paperwork to the **knowledgeable professional** identified on the Release of Information form (such as a physician, psychiatrist, physician's assistant, licensed nurse practitioner, or other qualified professional).

3. Review of the Request

Once **all** required verification documents are received, LCHA will review the request and provide a response **within 10-business days**.

If the request is **denied**, the applicant/tenant will receive written notice explaining the reason for the denial and information on how to **appeal the denial**.

For Applicant/Participant to Complete (Release of Information):

Applicant/Participant: _____ Date of Birth: _____
(Print the name of the person with the disability)

I currently reside at: _____
(Print full address – street, apartment number, city, state, zip code)

My phone # _____ Head of Household: _____

I authorize _____ to release information to the Certification
(Name of professional/organization/doctor)

Specialist with the Housing Authority of the County of Lake to verify my disability and the need for an accommodation.

I am requesting _____ because _____



Signature of Applicant/Participant

Date

Knowledgeable Professional's Contact Information:

Name of Practice: _____

Providers Name: _____

Mailing Address City State: _____

Phone # _____ Fax # _____

Applicant/Participant/Guardian (signature) _____ **Date:** _____

**If this is for a child with disabilities please print the child's name:* _____
and Guardian should sign above.

If you are in need of additional assistance or an alternate means of reviewing and understanding this process,
please contact _____ **at (847) 223-1170 ext.** _____