

# RHAF COMPANY, LLC

7800 RIVER ROAD, NORTH BERGEN, NJ 07047  
201-868-6300 • FAX 201-868-6055 TDD 1-800-852-7897

## REQUEST FOR REASONABLE ACCOMMODATIONS

You may utilize this form to request that RHAF Company, LLC provide a reasonable accommodation to you, or any member of your household who has a disability, so that you or a member of your household may utilize your residence, or any of the RHAF Company, LLC's facilities, programs or services.

If you would like to request a reasonable accommodation on behalf of yourself or a member of your household, please complete this form. You must date and sign your name at the bottom of this form and return the form to RHAF Company, LLC's office. If you need assistance in understanding whether you or a member of your household is a "qualified individual with a disability" or if you need assistance in completing this form, please contact Sait Handal at RHAF Company, LLC's office, **201-868-6300**.

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Date of Request

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Social Security Number

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Name of Applicant/Resident/Participant

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Telephone Number

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Address

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City/State/Zip Code

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1. I am requesting the following reasonable accommodations(s):

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2. I am requesting the reasonable accommodation(s) on behalf of (name):

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3. My reason(s) for requesting this reasonable accommodation:

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A physician, licensed health care professional, professional representing a social service agency, disability agency or clinic may provide verification of your disability.

You may request a physical modification to your current unit or a transfer to a unit that has been previously modified. RHAF Company, LLC will work with you to determine how to fulfill your reasonable accommodation request. RHAF Company, LLC may require documentation to support your reasonable accommodation request(s). Please indicate which option you prefer:

- I wish to move into a modified unit.
- I wish to transfer to a modified unit.
- I wish to have modifications made to my current unit.

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Signature of Applicant/Resident/Participant



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Date

