



818 South Flores Street | San Antonio, Texas 78204 | 210-477-6262 | www.saha.org

## REASONABLE ACCOMMODATION MITIGATING CIRCUMSTANCES REQUEST

Date of Request: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Head of Household: \_\_\_\_\_ Last 4 of SSN: \_\_\_\_\_

Address \_\_\_\_\_ City, State \_\_\_\_\_ Zip Code \_\_\_\_\_

**I have a disability. I request that you consider the following reasons why the problems that caused you to terminate my housing assistance are a result of my disability and why they are not likely to happen again. The mitigating circumstances are listed below.**

1. I think the problem happened as a result of my disability. This is why my disability resulted in the problem:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. I think the problem is *not* likely to happen again because:

The things described below have changed in my life (please describe).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Or,

A reasonable accommodation from housing would solve the problem (please describe or attach a **REASONABLE ACCOMMODATION REQUEST** form).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



The following person has been designated to coordinate compliance with the nondiscrimination requirement contained in HUD's regulations implementing Section 504: Benjamin Lugg, 818 South Flores, San Antonio, Texas 78204.

3. You can verify that the problem for which I was terminated from housing was as a result of my disability by contacting:

Agency Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Address: \_\_\_\_\_

4. You can verify the reasons that I think the problem is not likely to happen again and that I will be likely to continue doing what I need to do to avoid these problems by contacting:

Agency Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Address: \_\_\_\_\_

5. You can verify that the reasonable accommodation request I made is necessary for me and likely to solve the problem by contacting:

Agency Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

