



County of Fairfax, Virginia

To protect and enrich the quality of life for the people, neighborhoods, and diverse communities of Fairfax County

FAIRFAX COUNTY DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT REASONABLE ACCOMMODATION REQUEST

Must be filled out completely

Head of the Household

Last Name: _____ First Name: _____ T#: _____
(Print)

Address: _____ City: _____ Zip Code: _____

Phone #: _____ Email: _____

1. I speak English: Yes ___ No ___ I need a translator: Yes ___ No ___

Language Spoken: _____

2. I authorize _____ to speak on my behalf.

Relation: _____ Phone #: _____ Email: _____

3. Name of your Housing Services Specialist or Property Manager:

4. The following member of my household has a disability as defined below:
A physical or mental impairment that substantially limits one or more major life activities; has a record of having such impairment; or is regarded as having such impairment.

Name: _____

a) As a result of his/her disability the following change(s) are needed so myself and/or a member of my household can use and access the unit and its associated premises. **Check the change(s) needed:**

A change in my residence or other part of the housing complex.

A change in a rule, policy, or procedure.

Department of Housing and Community Development
3700 Pender Drive, Suite 200
Fairfax, Virginia 22030
Tel. 703-246-5101 • Fax 703-653-1363 • TTY 711

b) What is your Reasonable Accommodation Request? Be specific.

c) **Complete the following sentence:** I/we need this reasonable accommodation so that I/we can _____

d) Please provide contact information for the qualified professional (QP) of choice (e.g. health care provider, therapist, case manager, counselor, social service provider, clergy member, or a reliable source who is familiar with the disabled person's needs) in order to verify the family member's disability; to determine the need(s); and what will be accomplished with the requested accommodation(s) or modification(s).

QP Name: _____ **Phone#:** _____

Title: _____ **Fax#:** _____

Address: _____ **Email:** _____

City/State/Zip Code: _____

I give permission to contact the qualified professional above, to verify that myself or a family member has a disability, and is in need of the reasonable accommodation requested within. I understand that the information obtained will be kept confidential and used solely in making a determination with regard to my reasonable accommodation request.

Signature: _____ **Date:** _____



Fairfax County is committed to nondiscrimination on the basis of disability in all county programs, services and activities. Reasonable accommodations will be provided upon request. For information, call 703-246-5101, TTY: 711.

Return this form to your Housing Services Specialist or Property Manager

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