Request for Reasonable Accommodations
Verification of Need

To be completed by Applicant/Resident requesting a reasonable accommodation.

I, _____, hereby authorize

_____

to release to the Housing Authority of the City of Douglas, Georgia, information to verify the need for the following requested accommodation:

_____

_____

_____

_____ _____

Applicant/Tenant Date

Address: _____

_____

Home Phone: _____

Updated 5/1/09