

## **Orange County Housing Authority**

1501 E. St. Andrew Place • Santa Ana, CA 92705 (714) 480-2700 • California Relay Service (800) 735-2929 http://www.ochousing.org

## Request for Reasonable Accommodation

(To rent from an owne	r who is a relative)
-----------------------	----------------------

Head of Household	Phone
Tenant ID	
Owner Name	
Owner Address	Phone
Describe the physical modification need(s) of the person who is disa	on(s) made to the unit, and or the reason this unit accommodates the abled.

**WARNING**: It is unlawful to "knowingly and willfully" make any "materially false, fictitious, or fraudulent statements or representation" to a federal agency. Violations can be punished under Section 2 of the False Statements Act by a fine and/or imprisonment of not more that 5 years. [18 U.S.C. & 1001]

I declare, under penalty of perjury under the laws of the United States of America and the State of California, that the information above is true, correct, and complete.

Signature of head of household	Date

Owner Signature