

# 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 (Special Unit Request)

Head of Household \_\_\_\_\_ Phone \_\_\_\_\_

Unit Address \_\_\_\_\_ Tenant ID \_\_\_\_\_

### **Special Unit**

☐ Initial request ☐ Renewal request

Name of household member requiring special unit \_\_\_\_\_

The household member is a person with a disability or is elderly or near elderly (check all that apply):

- ☐ The person receives SSI. ☐ The person is elderly or near elderly.  
☐ A health care professional will certify on a verification form that the person is disabled

Address of unit \_\_\_\_\_

1. I certify that the unit I have selected is essential to my care and well being, and would not be living in the unit except that this unit provides the necessary amenities that are needed for my disability.

2. Any other unit is not equally effective to accommodate by disability because:

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

**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 than 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 \_\_\_\_\_

Signature of family member needing accommodation \_\_\_\_\_ Date \_\_\_\_\_