



**CUMBERLAND HOUSING
GROUP**

REQUEST FOR A REASONABLE ACCOMMODATION

Date of Request: _____

Requested By: _____

Requested For: _____

This Request for a Reasonable Accommodation for the above-named individual is due to a physical or mental impairment that substantially limits one or more major life activities, and the reasonable accommodation being requested is necessary in order to take full advantage of the Cumberland Housing Group's programs and related services.

Please describe the type of accommodation(s) in which you are requesting:

Applicant/Tenant Signature

Date Accommodation Requested

The individual for which the accommodation is being requested for selected to not complete this form or was unable to do so. The form was completed by the person listed below.

Name

Relationship or Title

Form #148A 8/24/2021



**The Housing Authority of the City of Cumberland
635 East First Street, Cumberland, MD 21502-4362**



Office 301-724-6606 Facsimile 301-724-8731 www.CumberlandHousing.org