



**CUMBERLAND HOUSING  
GROUP**

# REQUEST FOR A REASONABLE ACCOMMODATION

Date of Request: \_\_\_\_\_ Request is for an  Applicant  Tenant

Name of Person Request is for: \_\_\_\_\_

Address of Person: \_\_\_\_\_

Contact: Telephone # \_\_\_\_\_ Email: \_\_\_\_\_

Request was made by:  Self  Other \_\_\_\_\_

Request Form was Completed By: \_\_\_\_\_

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) that is being requested:

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

Name and contact information of Health Care Provider who can verify that the requesting person is disabled and requires the accommodation being requested:

\_\_\_\_\_

\_\_\_\_\_  
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 11/19/2021*



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



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