

City of Austin Staff Use Only	
Tracking Number:	Date Decision Issued:
Date Received:	Appeal Received:
Accepted By (name & department):	Date Appeal Decided



REQUEST FOR A REASONABLE ACCOMMODATION UNDER THE FHA

<p>Name of Applicant</p> <hr/>
<p>Address of Housing at Which Accommodation Is Requested</p> <hr/>
<p>Applicant's Physical Address, Phone Number, and Email Address</p> <hr/> <hr/>
<p>If the applicant is not the property owner of the housing, provide the name, physical address, and phone number of property owner.</p> <hr/> <hr/>
<p>Describe the accommodation you are requesting. (See attached FAQ for examples)</p> <hr/> <hr/> <hr/>

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COA Request for a Reasonable Accommodation (FHA)

Identify the provision of City Code, uncodified ordinance, rule, regulation, or an administrative policy or procedure that relates to the accommodation. (You may attach a letter or notification from a City department that describes the applicable requirement.)

Give the reason that the accommodation may be necessary for you or the eligible individual to use and enjoy the housing. (You may attach documentation that you believe will assist the City in processing your request.)

If we have questions about your request for reasonable accommodation and you would like us to contact someone assisting you with this request please provide that person's name, address, and telephone number.

Signature of Applicant _____ Date _____