



**Algonquin Place**  
**Algonac Housing Commission**

1205 St. Clair River Drive • Algonac, MI 48001  
TEL (810) 794-9369 • FAX (810) 794-9488



REQUEST FOR REASONABLE ACCOMMODATION

Pursuant to the Federal Fair Housing Act with respect to Disabilities and Reasonable Accommodations, this form must be completed by any new applicant or existing program participant who requires special program accessibility.

\_\_\_\_\_  
Applicant / Program Participant Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Current Address

\_\_\_\_\_  
City

\_\_\_\_\_  
Zip

Please check one:

- New Applicant
- Existing Program Participant

Please state your request and reason:

- Extra Bedroom
- A barrier free unit
- Other modifications (specify) \_\_\_\_\_
- Live In Aide (must complete Live In Aide / Attendant Certification)
- Other \_\_\_\_\_

Is there anyone willing to pay for these modifications?

- Yes; If yes, specify \_\_\_\_\_
- No

\_\_\_\_\_  
Applicant / Program Participant Signature

\_\_\_\_\_  
Date