



City of Alameda Rent Program  
950 W. Mall Square, Room 172  
Alameda, CA 94501

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## • FORM RP-103 • Request for Reasonable Accommodation

**Instructions:** This form may be used by clients or applicants to request a reasonable accommodation so that an individual with a disability may have equal opportunity to use and enjoy participation in any of the programs conducted by the Rent Program.

### Contact Information

Date of Request: \_\_\_\_\_  
Name (Head of Household): \_\_\_\_\_  
Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

### Reasonable Accommodation Information

The following household member has a disability as defined by California law below:

**Disability: A physical or mental impairment that limits one or more major life activities, a record of such an impairment, or being regarded as having such an impairment.**

Head of Household       Family Member (name): \_\_\_\_\_

1. Describe the accommodation/modification you are requesting:

- Reschedule: \_\_\_\_\_  
 Special Communication Needs: \_\_\_\_\_  
 Other \_\_\_\_\_

2. Explain why this accommodation is needed. Without stating the nature of the disability/diagnosis of the above named family member, please describe how this accommodation will grant equal access to the program.

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## Verification Information

3. Please provide the contact information of a knowledgeable professional who can verify the disability and the need for the accommodation requested.

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Name

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Title (Physician, Nurse, etc.)

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Address

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Telephone Number

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Fax Number

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E-mail

Name of Patient: \_\_\_\_\_

Medical Record Number \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Authorization to Release Information: I authorize the knowledgeable professional listed above to disclose relevant information to the Rent Program regarding the need for a reasonable accommodation/modification for the above named. I understand that the information the Rent Program obtains will be kept confidential and used solely to determine if an accommodation should be provided.

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Signature

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Date