



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.

Verification Information

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

Name

Title (Physician, Nurse, etc.)

Address

Telephone Number

Fax Number

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.

Signature

Date