



# THE NEW REIDSVILLE HOUSING AUTHORITY

924 Third Avenue, Reidsville, NC 27320  
Phone: 336-589-6510 • Fax: 888-879-8030  
Website: WWW.NEWRHA.ORG

Dear Tenant,

Please complete the following form. If you have any questions, please contact me at 336.589.6510 or email [ascales@nrha.org](mailto:ascales@nrha.org). This form is requesting a Reasonable Accommodation. Please allow 30 days to complete once received from Physician.

Thank you,  
NRHA

Head of Household	Name _____ Address _____ _____ Phone #: _____
Reason for Request	<input type="checkbox"/> An extra bedroom for a 24-hour a day live-in aide (additional documentation required) <input type="checkbox"/> A separate bedroom for medical equipment (size of equipment may not warrant a separate bedroom) <input type="checkbox"/> A separate bedroom for the person with a disability <input type="checkbox"/> Approval to rent a unit owned by a relative who helps with your daily living needs. <input type="checkbox"/> Other (explain): _____
Describe why this accommodation is needed?	_____ _____ _____ _____ _____ _____ _____ _____
Physician – Please list the doctor that can verify the reason you need this accommodation.	Physician name: _____ Address: _____ _____ Email Address: _____ Phone number: _____
NRHA Specialist	This request has been: <input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED Specialist Signature: _____ Date: _____



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Dear Doctor,

The individual who has signed below has requested a reasonable accommodation and has requested that you provide verification. Enclosed is a copy of the request from the client. Please verify and return to our office. If you have any questions, please contact me at 336.589.6510 or [ascales@nrha.org](mailto:ascales@nrha.org).

Thank you,

<p>Head of Household</p>	<p>Name _____</p> <p>Address _____</p> <p>_____</p> <p>Phone #: _____</p> <p>I have requested a reasonable accommodation with the housing authority. Please verify and return to NRHA.</p> <p>HOH Signature: _____ Date: _____</p>
<p>Client needs the following accommodation:</p>	<p><input type="checkbox"/> An extra bedroom for a 24-hour a day live-in aide (additional documentation required)</p> <p><input type="checkbox"/> A separate bedroom for medical equipment (size of equipment may not warrant a separate bedroom)</p> <p><input type="checkbox"/> A separate bedroom for the person with a disability</p> <p><input type="checkbox"/> Approval to rent a unit owned by a relative who helps with your daily living needs.</p> <p><input type="checkbox"/> Other (explain): _____</p>
<p>Describe why this accommodation is needed?</p>	<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
	<p>Do you believe that the client's accommodation will be needed for more than 6 months?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
<p>Physician or Professional</p>	<p>Signature: _____ Date: _____</p> <p>Title: _____ Phone: _____</p>