

REASONABLE ACCOMODATION REQUEST APPLICATION

NOTE: If you need help in completing this request form, the Department of Neighborhood and Development services will assist you. Please contact Urban Planning staff at 319-356-5230.

Please use this application for when you are applying for an accommodation to assist your disability. Pursuant to the City Code Chapter 14-8B-11: "A request for reasonable accommodation may be made by any individual with a disability, his or her representative, or a developer or provider of housing individuals with disabilities, when the application of a regulation, policy, practice, or procedure in Title 14 acts as a barrier to fair housing opportunities".

1. Name of Applicant Telephone Number

2. Address of Applicant

3. Address of Requested Reasonable Accommodation

4. Describe the specific need the disability creates and the requested accommodation.

5. Confirm and explain that the requested accommodation is intended to be used by an individual with a disability who resides or will reside on the property.

6. Explain why the requested accommodation is necessary to afford an individual with a disability equal opportunity to use and enjoy residential use.

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

8. Signature of Applicant _____ Date _____

**PLEASE ATTACH ANY DOCUMENTS THAT YOU THINK SUPPORT
YOUR REQUEST FOR REASONABLE ACCOMODATION AND WOULD
ASSIST US IN CONSIDERING YOUR REQUEST**