

DEPARTMENT OF COMMUNITY SERVICES  
**CITY AND COUNTY OF HONOLULU**

SECTION 8 HOUSING ASSISTANCE PAYMENTS PROGRAM  
842 BETHEL STREET, FIRST FLOOR □ HONOLULU, HAWAII 96813 □ PHONE: (808) 768-7096 □ FAX: (808) 768-7039  
1000 ULU'OHIA #118 □, KAPOLEI, HAWAII 96707 □ PHONE: (808) 768-3000 □ FAX: (808) 768-3237  
INTERNET: [www.honolulu.gov/dcs/housing.html](http://www.honolulu.gov/dcs/housing.html)

**REQUEST FOR A REASONABLE ACCOMMODATION**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

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

Currently, I am:

- An applicant on the waiting list  
 A voucher holder looking for a unit  
 Living in an assisted unit  
 Other: \_\_\_\_\_

The following member of my household \_\_\_\_\_ has a disability that qualifies under HUD rules (a mental or physical impairment that substantially limits one or more major life activities or a record of having or being regarded as having such an impairment).

As a result of the disability, the following change or changes are necessary so that this member of the household can have the opportunity to equally participate in the Section 8 program:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

You may verify the disability and the need for this request by contacting:

Name \_\_\_\_\_ Title \_\_\_\_\_

Agency \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

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

I give you permission to contact the above individual for purposes of verifying that I (or a family member) have a disability and need the reasonable accommodation requested above. I understand that the information you obtain will be kept completely confidential and used solely to determine whether or not you will provide an accommodation.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Head of Household)