

## REASONABLE ACCOMMODATION OR REASONABLE MODIFICATION REQUEST FORM

Purpose: This form may be used by applicants or participants of programs administered by the NC Office of Recovery and Resiliency (“NCORR”), including any ReBuild NC Program (Housing Recovery Program, Strategic Buyout Program, Affordable Housing). Programs administered by any of NCORR’s partners or subrecipients shall be directed to that organization. Please submit this Form to [fairhousing@rebuild.nc.gov](mailto:fairhousing@rebuild.nc.gov), to a ReBuild NC Case Manager at 1-833-ASK-RBNC (833-275-7262), or to the following address: N.C. Office of Recovery and Resiliency, Attn: FHEO Officer, P.O. Box 10465, Durham, NC 27709. All medical information will be confidential and maintained separately.

### Section A: Information about the requestor (to be completed by applicant or participant, or a representative on behalf the person requesting the accommodation)

1. Name:		2. APP-ID:	
3. Name of Communication Designee/POA (if applicable):			
<i>*Please note a completed and signed Communication Designee or POA must be on file authorizing discussion of a disability before discussing this request with the above person.</i>			
4. Mailing Address:		5. Phone Number	
6. Email Address:		7. NCORR Program: <input type="checkbox"/> Affordable Housing Program <input type="checkbox"/> Homeowner Recovery Program <input type="checkbox"/> Strategic Buyout Program <input type="checkbox"/> Housing Opportunities and Prevention of Evictions Program <input type="checkbox"/> Other: _____	

### Section B: Information about the Reasonable Accommodation Request

1. I am requesting the following reasonable accommodations or modifications to a policy, program, or service:
2. It is necessary for me to have this accommodation for the following reasons:

### Section C: Signature and Acknowledgment

Please submit information you may believe to be relevant to your request. A *NCORR Verification Form* completed by a medical provider may be requested depending on the nature of the request. NCORR may not request a diagnosis of a medical condition. Please be aware that a project may be placed on hold during the completion of the Reasonable Accommodation review and determination. Requestor may review NCORR’s Reasonable Accommodation policy, located at [www.rebuild.nc.gov](http://www.rebuild.nc.gov).

Signature _____	Date _____
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