



Receiving Planner	_____
Date	_____
Tracking Number	_____

REASONABLE ACCOMODATION - DOCTORS' FORM

It is the policy of the City of New Orleans, pursuant to the federal Fair Housing Amendments Act of 1988 and applicable state laws, to provide individuals with disabilities reasonable accommodation in the City's zoning and land use regulations, rules, policies and practices to ensure equal access to housing and to facilitate the development of housing for individuals with disabilities. Reasonable accommodations in the zoning and land use context means providing individuals with disabilities, or developers of housing for people with disabilities, flexibility in the application of land use, zoning and building regulations, policies, practices and procedures, or even waiving certain requirements, when it is necessary to eliminate barriers to housing opportunities.

ACCOMODATION INFORMATION

Patient Name _____

Requested Accomodation (Please describe the requested accomodation below)

How will the requested accommodation affirmatively enhance the patient's qualify of life?

Will the disabled individual be denied an equal opportunity to enjoy the housing type of their choice absent this accommodation? Please Explain:

Is the patient's disability permanent? If no, please explain, and include the projected time that the accomodation will be needed:

Any additional information relevant to this request:

Doctor's Signature _____ Date _____

Doctor's Name (Printed) and Office Address _____