

SPECIAL UNIT REQUIREMENT(S) 504 QUESTIONNAIRE

This questionnaire will be given to every new applicant or head of household (during annual recertification) with the Alachua County Housing Authority. It is used to determine whether a family will need special features in their housing unit. The need for special adaptations must be verified in order to assure that the limited number of units with special features go to families that actually need the features.

Applicant/Resident Name: _____ SSN: _____

Address: _____

Date _____ I choose not to complete this form There are no disabilities in the family
(Not required to fill out the rest of this form)

Applicants/Resident signature: _____

1. a. Do you, or does any member of your family have a condition that requires?

- | | |
|---|--|
| <input type="checkbox"/> A separate bedroom | <input type="checkbox"/> Unit for Vision-Impaired |
| <input type="checkbox"/> A wheelchair accessible unit | <input type="checkbox"/> Unit for Hearing-Impaired |
| <input type="checkbox"/> One-level unit | <input type="checkbox"/> BR/Bath on 1st Floor |
| <input type="checkbox"/> Physical modifications to an existing unit | <input type="checkbox"/> Other |

b. If you checked any of the above listed categories of units, please explain exactly what you need to accommodate your situation: _____

2. a. Can you and all your family members go up and down stairs/steps unassisted? YES NO

b. If NO, please indicate how we may be able to accommodate your family: _____

3. a. Will you or any of your family members require a live-in aide to assist you?

YES NO If yes, check one: ___ Temporary ___ On-going

b. If YES, please explain: _____

4. Please list the name(s) of the family member(s) who needs the special features identified in questions 1, 2 or 3 above:

5. Please provide the source (i.e., DR., medical source, etc.) who can verify your need(s) for the features you have identified above:

Name: _____

Address: _____

Phone#: _____

6. a. If you are a ACHA Resident, have modifications already been made to your unit? YES NO N/A

b. If YES, or you need additional modifications, please explain: _____
