



# Reasonable Accommodation Request Form

**County of Ventura • Resource Management Agency • Planning Division**

*800 S. Victoria Avenue, Ventura, CA 93009-1740 • (805) 654-2478 • [vcrma.org/divisions/planning](http://vcrma.org/divisions/planning)*

If you need help completing this Request Form, the Planning Division will assist you. Please contact the Planning Counter for assistance. Please attach additional pages as needed for you to provide complete responses to each of the following questions.

1. Name of Applicant \_\_\_\_\_

2. Telephone Number \_\_\_\_\_

3. Address of dwelling for which accommodation is requested

\_\_\_\_\_

4. The following household member (provide name): \_\_\_\_\_

has a disability, as defined as follows:

A physical or mental impairment that substantially limits one or more major life activities (including, but not limited to, caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing), a record of having such a impairment, or being regarded as having such an impairment.

5. Describe each accommodation you are requesting, and the specific regulation(s) and/or procedure(s) from which an accommodation is sought. Attach site plans depicting the size and location of each proposed improvement for which an accommodation is sought.

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

6. If your request for accommodation involves the use of a service animal, please also respond to questions 6.a. and 6.b.

6.a Does the service animal assist a person with disability who resides at the dwelling address identified above? Check one: Yes\_\_\_\_\_. No\_\_\_\_\_

6.b What work or task has the service animal been trained to perform or assist a person with disability who resides at the dwelling address identified above?

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\_\_\_\_\_

7. Give the reason(s) that the reasonable accommodation requested is necessary for an individual with disability who lives within the dwelling to use and enjoy the housing:

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By signing below, I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Signature of Applicant: \_\_\_\_\_

Date \_\_\_\_\_

**Please provide all other information and attach any additional documents that support your request for reasonable accommodation and would assist the Planning Division in considering your request.**