

SPECIAL UNIT REQUIREMENT(S) QUESTIONNAIRE

This questionnaire is to be completed by every applicant for public housing at the Norwalk Housing Authority. It is used to determine whether an applicant family needs special features in their housing unit. The need for special adaptations must be factually verified in order to assure that the limited numbers of units with special features go to families that actually need the features. We ask that every applicant sign the bottom of the form to indicate receipt of the form, whether or not special features are requested. No one is required to disclose a disability.

Applicant Name: _____

1. Will you or any member of the family require any of the following:

- A barrier-free apartment to accommodate a wheelchair.
- One-level unit Unit for vision-impaired
- Unit for hearing-impaired Bedroom & bathroom on 1st floor
- A separate bedroom

2. Do you or any family members need any features not mentioned? Yes No
If yes, please indicate how the PHA should accommodate your family.:

3. Will you or any family members require a live-in-aide to assist you? Yes No
If yes, please explain _____

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

5. What is the name of the family member needing the features identified above?

6. Whom should we contact to verify your need for a special apartment?

Name: _____

Address: _____

Telephone #: _____

Applicant Signature: _____ **Date:** _____

Reviewed by NHA Staff : _____
Name

Date

