

March 16, 2015

To whom it may concern:

My disabled son, who is qualified and currently receiving housing assistance in Provo, will be living in my basement apartment as recommended by his doctor (letter attached).

In order for my son to continue receiving his housing subsidy I need a letter from the City of Payson verifying that the apartment does exist. It does have a separate current address recognized by the U.S. Post Office. The address is - 3305 Goosecrest Dr. Payson, UT. 84651

Thank you,

Mary R. Pennington
1532 Goosecrest Dr.
Payson, UT. 84651

801-465-0135

REQUEST FOR A REASONABLE ACCOMMODATION

Note: This form may be submitted to HAUC at any time. If you need assistance with this form or have any additional questions, please contact HAUC at (801)373-8333.

Date of Request

Social Security #

MICHAEL D. PENDLETON385-208-0745

Name of Applicant/Participant/Resident

Phone #

2305 GOOSENECK DR.PAYSON, UTAH 84651

Address

City, State, Zip

PAYSONFROM R. DUNCAN WALLACE, M.D.1. Reasonable accommodation requested: (what) TO CHANGE HIS

FROM PROVO
UTAH HOUSING
TO UTAH
COUNTY
HOUSING.

HOUSING TO HIS MOTHER'S HOME, FT. PAYSON,
UTAH. HE HAS PTSD, AND HIS MOTHER OWNS THE

2. Reasonable accommodation request for: (who) Michael D Pendleton3. Reason for requesting this accommodation: (why) FOR RELATIONSHIP HELP

AND SUPPORT, FROM HIS MOTHER. HE HAS
POST TRAUMATIC STRESS DISORDER, PANIC ATTACKS
AND DEPRESSION

4. Provide independent verification from your doctor, licensed professional representing a rehabilitation center, disability agency, clinic, or the supervisor of a case manager representing a disability agency, with verification of the existence of your disability. (See other side of this form).

5. Physician/case manager's contact information (who can we contact regarding any concern with this request):

Name: R. DUNCAN WALLACE, M.D.Agency: PRIVATE PSYCHIATRISTAddress: P.O. BOX 581065, SALT LAKE CITY, UTAHPhone #: 801-355-832384158-1065R. Duncan Wallace, M.D.

I certify that the information in this Request for Reasonable Accommodation is true and accurate. I give HAUC permission to talk with my physician or licensed professional about my disability and reasonable accommodation request.

Michael D Pendleton
Signature of Applicant/Resident/Participant

Please return this form to:
Housing Authority of Utah County
240 E Center Street
Provo, UT 84606

Warning: Section 1001 of Title 18 of the US Code makes it a criminal offense to make any willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction, punishable by fine not to exceed \$250,000 and/or imprisonment of not more than 5 years.