

It is the policy of the City of Henderson to provide individuals with disabilities reasonable accommodation in its rules, policies, practices, and procedures to ensure the equal access to housing and facilitate the development of housing for individuals with disabilities in compliance with the Federal Fair Housing Act, Section 504 of the Rehabilitation Act, and the Americans with Disabilities Act (referred to herein as the "Federal Acts.") This application provides a procedure for making requests for reasonable accommodations in land use and zoning policies, practices, and procedures of the City of Henderson to comply fully with the intent and purpose of the Federal Acts.

Eligible Applicants:

(1) A request for a reasonable accommodation to any provision of the Code or any related policy or practice may be made by any person with a disability, his or her representative (e.g. family member, core provider, etc.), or a provider of housing for persons with disabilities, when the application of such provision, policy or practice may act as a barrier to affording such person equal opportunity to use and enjoy a dwelling.

(2) A person with a disability is a person who has a physical or mental impairment that limits one or more major life activities, anyone who is regarded as having this type of impairment, or anyone who has a record of this type of impairment. While a person recovering from substance abuse is considered a person with a disability, a person who is currently engaging in the current illegal use of controlled substances is not.

(3) This Section is intended to apply to those persons who are defined as disabled or handicapped under the Federal Acts.

Reasonable Accommodation



Application Form



Community Development and Services

240 Water St.
P. O. Box 95050
Henderson, NV
89009-5050

Phone: 702-267-1500

Fax: 702-267-1501

cityofhenderson.com



Reasonable Accommodation

Application Form

Name of Request: _____

Date of Request: _____

Request Location: _____

Existing Use of Property: _____

Basis for the claim that the applicant is considered disabled or provides housing for persons considered disabled under the Federal Acts (all information submitted in support of the claim of disability shall not be made available for public inspection): _____

Development Code provision, regulation or policy from which reasonable accommodation is being requested: _____

Describe why the reasonable accommodation is necessary to make specific property available for the individual: _____

Property Owner	Name _____ Company _____
	Address _____ City _____
	State _____ ZIP Code _____ Phone () _____ Email _____
Applicant	Name _____ Company _____
	Address _____ City _____
	State _____ ZIP Code _____ Phone () _____ Email _____
Contact Person	Name _____ Company _____
	Address _____ City _____
	State _____ ZIP Code _____ Phone () _____ Email _____
	Fax () _____ Alternate Phone () _____
The person listed as contact will be contacted to answer questions regarding this application and provide additional information when necessary.	

Signature of Applicant _____
 Print Name _____

_____ Date

For Office Use Only									
#									
Accepted by									
Date									