



REQUEST FOR REASONABLE ACCOMMODATIONS
EXECUTIVE/ADMINISTRATIVE DIVISION
SFN 62452 (02/24)

Send completed form to: North Dakota Housing Finance Agency (NDHFA), PO Box 1535, Bismarck, ND 58502-1535 or hfacomms@nd.gov. If you need assistance to complete this form, contact Jennifer Henderson, 504 Coordinator at 701-328-8080 or hfainfo@nd.gov. Appropriate provisions will be considered when NDHFA is notified at least 10 days prior to the meeting date or 15 days prior to the date the written comments or grant applications are due. Requests should be made as soon as possible to allow time to convert printed materials. You may be contacted to discuss your request.

Name		Date	
Mailing Address		City	State ZIP Code
Preferred Method of Contact <input type="checkbox"/> Telephone <input type="checkbox"/> Email <input type="checkbox"/> USPS	Email Address		Telephone Number
Type of Event <input type="checkbox"/> Public Meeting or Hearing <input type="checkbox"/> Training <input type="checkbox"/> Other (specify)			

LIMITED ENGLISH PROFICIENCY (LEP)

Do you need language assistance for LEP? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Oral Interpretation	<input type="checkbox"/> Written Translation	Specify Language
Name of Documents		

AMERICANS WITH DISABILITIES ACT (ADA)

Do you need accommodation for a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Interpreter for deaf (ASL, tactile, etc.)	<input type="checkbox"/> Other
<input type="checkbox"/> Physical location accessible for persons with physical mobility impairment	
If you checked any of the above boxes, please specify.	

NATURE OF DISABILITY (medical documentation may be requested)

<input type="checkbox"/> Physical Mobility Impairment	<input type="checkbox"/> Speech Impairment	<input type="checkbox"/> Visual Impairment	<input type="checkbox"/> Hearing Impairment	<input type="checkbox"/> Other
If you checked any of the above boxes, please specify.				

ALTERNATIVE FORMAT (indicate first, second, third choice, if possible)

<input type="checkbox"/> Large Print (font point size)	<input type="checkbox"/> Audio Recording – MP3	<input type="checkbox"/> CD/Flash Drive
<input type="checkbox"/> Other (specify)		
Name of Documents		Date Needed

FOR NDHFA USE ONLY

The accommodation request is <input type="checkbox"/> Granted as Requested <input type="checkbox"/> Granted With Change <input type="checkbox"/> Denied		
Comments		