

Reasonable Modification Request Form Manufactured Housing Unit (MHU)

This form may be used by applicants or participants of programs administered by the NC Office of Recovery and Resiliency (NCORR). This form may be completed by the applicant, their communication designee, or on behalf of the applicant in coordination with the case manager/NCORR employee, or by phone at 1(833) 275-7262. Once completed, this form may be submitted directly to an applicant's case manager, by email to fairhousing@rebuild.nc.gov, or by mail to the following address: NC Office of Recovery and Resiliency, Attn: FHEO Officer, P.O. Box 10465, Durham, NC 27709. All medical information will be confidential and maintained separately.

Section A. Application Details	
Applicant/Communication Designee Name:	APP-ID:
Section B. Reasonable Modification Requests	
Please select all modifications that apply. Selecting one modification from the lists below includes all items listed for that package. If the modification you are requesting is not listed, please list those requests in the "Other" section below.	
Package A. Includes all items below + those in B	Package B. Includes only items below
<ul style="list-style-type: none"> Countertop max height of 36 inches (3 feet) D-shaped cabinet handles Lever door handles (interior and exterior doors) Low exterior door thresholds Refrigerator and dishwasher with pull handles Stove with front controls Widened doorways Ramp (required) 	<ul style="list-style-type: none"> Comfort height toilet (primary bath only) Grab bars at toilet and shower (primary bath only) Walk-in shower with seat (primary bath only) Vinyl flooring throughout (no carpet) Ramp (optional)
2. Other modification requests:	
Section C. Nature of the Disability and Connection to Requests	
Please describe the nature of the disability:	
Please describe the disability-related need connected to the modifications you request:	
Section D. Signature and Acknowledgement	
Please submit any additional information you believe may be relevant to your request. Additional verification completed by a medical provider may be requested depending on the nature of the request. Please be aware that a project may be placed on hold during the Program's review, the Reasonable Accommodations and Modifications policy is available online at www.rebuild.nc.gov .	
Signature	Date