



# Moline Housing Authority

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Form 249

## SPECIAL UNIT REQUIREMENT(S) QUESTIONNAIRE

This questionnaire is to be administered to every applicant for public housing at the Moline Housing Authority. It is used to determine whether an applicant's family needs special features in their housing unit. The need for special adaptations must be verified in order to assure that the limited number of units with special features go to families that actually need the features.

Applicant Name \_\_\_\_\_

Housing Authority \_\_\_\_\_ Date \_\_\_\_\_

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

- A separate bedroom
- Vision impaired unit
- Hearing impaired unit
- Extra bedroom unit
- Other modification to the unit

2. Can you and all family members use the stairs unassisted? Yes \_\_\_\_\_ No \_\_\_\_\_

If no, please indicate how MHA should accommodate your family: \_\_\_\_\_

Will you or any of your family members need a live-in aide to assist you? Yes \_\_\_\_\_ No \_\_\_\_\_

3. If you checked any of the above listed categories of units, please explain exactly what you need to accommodate your situation. Attach additional sheets if needed.

\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_

Whom should we contact to verify your need for a special unit?

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone # \_\_\_\_\_

Applicant Signature

Date