

25 High Street Caribou, ME 04736 Telephone: (207) 493-4234 Fax (207) 376-0178 www.caribouhousing.org



Date

REASONABLE ACCOMMODATION - REQUEST FOR EXCEPTION PAYMENT STANDARD

Head of Household:			
Address:			
City:	Phone Nu	Phone Number:	
The household is A voucher hold	ler	☐ A program participant	
Does family currently reside in the unit? Yes No Unit Size: Voucher Size: Number of Household Members:			rs:
Describe the unique needs of the house	sehold that are met by this req	uested unit:	
	<u>Currer</u>	<u>nt P</u>	roposed
Rent to Owner	\$	\$	
Utility Allowance	\$	\$	
Gross Rent of Unit	\$	\$	
Payment Standard:	\$		
Requested beginning date of lease: _			
	ner for the subject unit is reason	onable and that the unit cannot !	be rented for
I certify that the requested rent to own less.			

Signature of Caribou Housing Authority Representative