



REQUEST FOR CONSIDERATION OF CIRCUMSTANCES

GENERAL INFORMATION	
Head of Household: _____	Last 4 of SSN: _____
Current Address: _____	
Phone: _____	Email: _____
Individual requesting consideration of circumstances: _____	

REQUIRED INFORMATION	
1. Do you have a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Please describe the relationship between your disability and the reason(s) for which your housing assistance has been denied/terminated.	

2. Please describe the current plan of action to ensure this issue does not occur again.	

3. Indicate the knowledgeable professional that SAHA may contact to verify the above request:	
Name: _____	Title: _____
(Expert Giving Verification of Disability)	
Company: _____	
Address: _____	
Phone: _____	Fax: _____

By signing this form, I authorize the health care representative listed above to disclose any information requested by San Antonio Housing Authority (SAHA) concerning my request for a consideration of circumstances.

Signature: _____ Date: _____

Please complete and submit this form to the SAHA Central Office (818 S. Flores St., San Antonio, TX 78204) or to your SAHA property office, if applicable.

This material is available in an accessible format upon request. Please contact SAHA at (210) 477-6000.

