



Occupancy Standard Exception Request

I, _____, request an exception to remain in my _____ bedroom
Head of Household Name #
unit located at: _____.
Unit Address

Please select the reason for this exception request (X):

Over housed:

Family Composition- Please describe how the family’s composition (i.e. age/gender/ generation) would benefit from additional bedrooms:

Medical-
Disabled: Please attach Verification of Disability & Need for Reasonable Accommodation
Non-disabled:
Family member requiring accommodation: _____
Please attach a verification from a medical professional or person knowledgeable of the persons medical problem(s) and need for an accommodation

Other- Provide description of reason for exception not listed above:

Overcrowded:

There is no additional documentation required for families requesting to reside a unit smaller than they are eligible. Family size may not violate local housing codes for the unit size. By completing this request, you acknowledge you may not request another transfer for at least (1) year unless there is a change in family composition.

Signatures:

Head of Household Date

Spouse Date

Other Family Member over age 18 Date

Other Family Member over age 18 Date

