TACOMA HOUSING AUTHORITY

ACCESSIBLE UNIT ADDENDUM
THA Form (#) CS-LSNG-100-5

Property Name:_____ Head of Household Tenant ID #:_____

Address: _____ Head of Houshold Name:_____

VH Unit #:_____ (the "Unit") Today's Date: _____

This document is made a part of the lease, dated _____. The lease is between you and THA. If this document conflicts with the lease, this document will control.

The Unit has accessible features suitable for a disabled person. Under fair housing laws, a person is disabled if he or she has a sensory, mental or physical condition that substantially limits one or more major life activities (such as walking, seeing, hearing, working, etc.). Under State law, a qualifying disability may be temporary or permanent.

Please check one of the boxes below to tell us who in your household has such a disability:

❑ Household member(s) _____

❑ No one

If no one in your household has such a disability, THA reserves the right to move you to a different unit if a person with a qualifying disability needs your Unit. You will be moved to a unit that otherwise meets your approved household application needs. You will be given 30 days' prior written notice to move, and the move will be scheduled 10 days after that. THA will move you at its cost. You agree to hold THA harmless from any damage or loss that might happen during the move or result from you not timely moving.

By signing below, you agree to the terms of this document.

_____ Head of Household	_____ Adult Household Member

DRAFT