

Request for Consideration of Circumstances

General Information

Head of Household		Last 4 of SSN
Home Telephone	Work Telephone	
Email Address		
Current Address		
City	State	Zip Code
Individual requesting consideration of circumstances		

Required Information

1. Do you have a disability? ☐ Yes ☐ No

Please describe the relationship between your disability and the reason(s) 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 Opportunity Home may contact to verify your request:

Name	Title
Company	
Address	
Phone	Fax

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

This material is available in an accessible format upon request by calling (210)477-6000.

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

Signature

Date