OCALA HOUSING AUTHORITY 1629 NW 4TH STREET PO Box 2468

Ocala FL 34478-2468

352-369-2636 * TDD 1-800-545-1833 ext 507 * FAX 352-369-2642



REQUEST FOR AN EXCEPTION TO SUBSIDY STANDARD

Date:			
Re:			
The above referenced family is a participrovide rental assistance to as many faneeded (number of bedrooms) for the larger number of bedrooms for a family	milies as possible in family's home. In ac	our community, we detector	ermine the appropriate size
The above referenced family has reque	sted an additional b	edroom due to	
's he	alth or disability, du	e to the following reasor	n;
He/She cannot share a bedroom ar	nd must have a sepa	arate sleeping area or	
Must have a live-in aide because of	health reasons		
If it is your professional opinion that the	is is necessary, plea	se complete the below co	ertification.
Sincerely,			
Ocala Housing Authority Representative	e Certifica t	ΓΙΟΝ	
It is my professional opinion that becau Cannot share a bedroom or Must		dical or health reasons th	e above referenced family:
Signature of Doctor or Knowledgeable	Professional	Date	
Print Name of Doctor or Knowledgeable	e Professional	Phone	
Address	City	 State	 Zip

