FORM 001B

RECONSIDERATION OF UNIVERSAL DESIGN REQUIREMENTS
2009 QUALIFIED ALLOCATION PLAN

I/We request reconsideration of some or all of the Universal Design Requirements set forth in Exhibit N of the 2009 Qualified Allocation Plan.

Project Name	
Project Tracking Number	
Project Address	
City State Zip	
Person Making This Request	
Title	
Company Making this Request	
Today's Date	

Project Type:

	New Construction
	Rehabilitation

Describe the circumstances relating to this request. Be as specific as possible. Use other sheets and provide documentation drawings, cost information or other data as necessary.

OHFA will consider the substitution of materials and products that perform substantially the same function as those called for in Exhibit N of the QAP. Use this space below to document your request if this is the reason for this reconsideration.

Describe the effect this reconsideration would have on those who will be living in the units in which you propose to deviate from the Universal Design Requirements set forth in Exhibit N of the QAP.

Please refer any questions regarding your Reconsideration of Universal Design Requirements to:

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