ACCESSIBILITY WORKSHEET

						Region #			
To:	Kathy Esworthy / PHFA						PHFA#	PHFA #	
From:									
Date:	((MM/DD	/YYYY)						
Re: Accessible Units in Project TC #				:#	;		(Project Name)		
							ng/Vision,Both		
Building	g#/Address:		1						
Unit	Number/BR S	Size:		/_	;	Mobility,	Hearing/Vision,	Both	
Building Unit	g#/Address: Number/BR S	 Size:	1		;	Mobility,	Hearing/Vision,	Both	
Unit	g # / Address: Number/BR S	Size:		/_	;	Mobility,	Hearing/Vision,	Both	
Building	g#/Address:		/				Hearing/Vision,		
Unit	Number/BR S	Size: _		/	;	Mobility,	Hearing/Vision,	Both	
Building	g#/Address:		/						
Unit	Number/BR S	Size: _		/	;	Mobility,	Hearing/Vision,	Both	
Building	g#/Address: Number/BR S		1						
Unit	Number/BR S	Size: _		/	;	Mobility,	Hearing/Vision,	Both	
Building	g#/Address:		1						
Unit	Number/BR S	Size:		/_	;	Mobility,	Hearing/Vision,	Both	
Building	g#/Address: Number/BR \$		/						
Unit	Number/BR S	Size:		/_	;	Mobility,	Hearing/Vision,	Both	
Building	g # / Address:		/						
Unit	Number/BR S	Size:		/_	;	Mobility,	Hearing/Vision,	Both	
Building	g#/Address:		/				Hearing/Vision.		
Unit	Number/RR 9	Size:		1	•	Mobility.	Hearing/Vision	Both	