

ACCESSIBILITY WORKSHEET

Region # _____

PHFA # _____

To: Kathy Esworthy / PHFA

From:

Date: (MM/DD/YYYY)

Re: Accessible Units in Project TC # _____ - _____ ; _____
(Project Name)

Total Accessible Units in the Project: ___ Mobility, ___ Hearing/Vision, ___ Both

Building # / Address: _____ / _____
Unit Number/BR Size: _____ / _____; **Mobility, Hearing/Vision, Both**

Building # / Address: _____ / _____
Unit Number/BR Size: _____ / _____; **Mobility, Hearing/Vision, Both**

Building # / Address: _____ / _____
Unit Number/BR Size: _____ / _____; **Mobility, Hearing/Vision, Both**

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