

# REQUEST FOR REASONABLE ACCOMMODATION

(Confidential Information. This information will not be disclosed or released, except as permitted by law.)

Name:	Telephone:
Address:	

❶ The following member of my household has a disability: \_\_\_\_\_

❷ Please provide the following change or changes so that the person listed above may fully access and utilize the housing programs.. **Check (☑) the kind of change(s) you need.**

A change in the following policy or practice or the way you do things.  
Please tell us what you need:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other: \_\_\_\_\_

❸ I need this reasonable accommodation because:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

❹ You may verify the need for this request by contacting:

<b>Name:</b>	
<b>Address:</b>	
<b>Phone:</b>	

*I give you permission to contact the above individual for purposes of verifying that a family member or I need the reasonable accommodation requested.*

Applicant/Participant Signature: 	Date:
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**OFFICE USE ONLY** (do not write below this line)

Signature of Reasonable Accommodation Approval:	Date:
Summary of Reasonable Accommodation Approved:	

# VERIFICATION FOR REASONABLE ACCOMMODATION

The following program participant has requested a reasonable accommodation to the Housing Authority's rules, policies, procedures or practices (See reverse side of this form.) It is necessary that a qualified professional complete this form to verify the need for the specific accommodation requested

Disabled family member: \_\_\_\_\_

**1. Qualification of person verifying need for reasonable accommodation:**

I, \_\_\_\_\_, am a \_\_\_\_\_ professional and have the following certification or qualification: \_\_\_\_\_

**2. Nature of contact the professional has had with the person making the request:**

I have treated the above client since \_\_\_/\_\_\_/\_\_\_ for a mental or physical condition. I have evaluated and/or treated the above client \_\_\_\_\_ times in the last twelve months.

**3. Disability verification.** An individual with a disability is any person who has a physical or mental impairment that substantially limits one or more major life activities, has a record of such impairment or is regarded as having such an impairment. This may include, but is not limited to, diseases or conditions as orthopedic, visual, speech and hearing impairments, cerebral palsy, autism, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, HIV, mental retardation, emotional illness, drug addiction (other than addiction caused by current, illegal use of a controlled substance) and alcoholism.

Does the above family member meet this definition?  Yes  No

**4. IMPORTANT.** Describe how the accommodation that the client is requesting (see question 2 on the reverse side of this form) is necessary to afford him/her the opportunity for full use and enjoyment of the program. **Please relate the requested accommodation to the limitation(s) caused by the disabling condition. There must be an identifiable relationship between the request and the disability.**

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(WARNING: According to 18 USC Part 1, Chapter 47, Section 1001: It is against the law to knowingly provide false information or fraudulent statements regarding participants in federally assisted housing programs. Persons providing such false/fraudulent information or statements are subject to fine, or imprisonment, or both).

Signature of qualified professional: \_\_\_\_\_ Date: \_\_\_\_\_