



**REQUEST FOR REASONABLE ACCOMMODATION**

Please indicate the HACFL Program that you are in:  HCV (Section 8)  Public Housing  
Please indicate whether you are an/a:  Applicant  Participant/Resident

Date of Request: \_\_\_\_\_

Name of Applicant/Participant/Resident (Head of Household):

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Applicant/Participant/Resident needing the accommodation:

Head of Household  Family Member:

\_\_\_\_\_  
(Name)

**Things to consider before completing and submitting your Reasonable Accommodation Request:**

1. An individual with a disability is defined as: "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 impairment."
  - a. In general, a physical or mental impairment includes: hearing, mobility and visual impairments, chronic alcoholism, chronic mental illness, AIDS, AIDS Related Complex, and intellectual disability/intellectual developmental disorder that substantially limits one or more major life activities. Major life activities include walking, talking, hearing, seeing, breathing, learning, performing manual tasks, and caring for oneself.
  - b. **Having a temporary ailment does not qualify an individual as having a disability.**  
*Examples of conditions that are NOT impairments includes: The common cold or the flu, a sprained joint, minor and non-chronic gastrointestinal disorders, a broken bone that is expected to heal completely and pregnancy.*
2. A "reasonable accommodation" is a change, exception, or adjustment to a rule, policy, practice or service that may be necessary for a person with a disability to have an equal opportunity to use and enjoy a dwelling, including public and common-use spaces. Since rules, policies, practices and services may have a different effect on persons with disabilities than on other persons, treating persons with disabilities exactly the same as others will sometimes deny them an equal opportunity to use and enjoy a dwelling [Joint Statement of the Departments of HUD and Justice: Reasonable Accommodations under the Fair Housing Act].
3. If your reasonable accommodation request is granted, the accommodation may affect the total number of families the HACFL can assist. **Many other people on the waiting list are also deserving of housing assistance, so we ask that you give careful, reasoned thought to this matter.** The HACFL reserves the right to conduct annual re-certifications to verify the continued medical necessity for the reasonable accommodation.

"If you or anyone in your family is a person with disabilities, and you require a specific accommodation in order to fully utilize our programs and services, please contact the housing authority."

**Reasonable Accommodation Request (To be completed by Applicant/Resident/Participant)**

Indicate what reasonable accommodation(s) that you are requesting: Accommodations can include a change in your voucher or an adjustment to rules, communication methods, and/or procedures of the HACFL.

*Note:* Please do not list your medical diagnoses.

I am requesting (check all that apply):

- Extension of Voucher
- Waiver on relative owner prohibition
- Additional bedroom for disabled person
- Live In Aide
- Extra time to locate a unit due to disability reasons
- Change in the Payment Standard
- Additional Utility Allowance (for medical equipment that uses electricity)
- Additional bedroom for medical equipment
- Special communication needs for either persons with visual impairments (written material in alternate language formats, such as large print) or hearing impairments (sign language interpretation services at meetings with HACFL)
- Other policy or rule change needed. Please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please describe the relationship between the reasonable accommodation and the disability.

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

**Knowledgeable Professional Information**

Please list the contact information of the knowledgeable professional who can verify that you have a disability warranting the accommodation(s). If you do not provide the contact information for a knowledgeable professional, this request will be deemed incomplete. Providing a fax number to the knowledgeable professional may result in your request being processed more quickly.

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

“If you or anyone in your family is a person with disabilities, and you require a specific accommodation in order to fully utilize our programs and services, please contact the housing authority.”

**I hereby understand and acknowledge:**

1. That I had a full opportunity to read and consider the contents of this authorization and I understand that, by signing this form, I am confirming my authorization of the use and/or disclosure of my protected health information as described in this form.
2. That the information obtained under this consent is limited to information that is no older than 12 months.
3. I do not have to sign this form if either the requesting organization or the organization supplying the information is left blank.
4. That the third party listed above has knowledge of whether my disability requires a reasonable accommodation or modification. To verify an accommodation or modification, a request may be made from the third party for only the minimum information necessary to confirm such accommodation or modification is required. Any other request for information about me is not relevant and may not be made (e.g., diagnosis; treatment).
5. The authorization will expire *one (1) year* from the date it is signed.
6. I have a right to revoke this authorization at any time by giving written notice of my revocation to the entity listed in Section B. I understand that revocation will *not* affect any action already taken in reliance on this authorization.
7. I am entitled to a copy of this authorization after I sign it.
8. The information provided on this form is true and accurate. I give HACFL permission to discuss the requested accommodation with my knowledgeable professional.

Note: The knowledgeable professional listed above will receive a copy of this form.

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

If you are signing as a Power of Attorney, Legal Guardian, Executor or Administrator complete the following and attach a copy of the legal documents:

Personal representative's name: \_\_\_\_\_

Relationship to the individual: \_\_\_\_\_

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**Fraud and False Statements:** Title 18, Section 1001 of the U.S. Code states that a person who knowingly and willingly makes false and fraudulent statements to any department or employee of the United States Government, HUD, a Public Housing Authority or a Property Owner may be subject to penalties that include fines and/or imprisonment.

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