



## REQUEST FOR REASONABLE ACCOMMODATION FORM

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

Name (Head of Household): \_\_\_\_\_ Voucher #: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, ZIP Code: \_\_\_\_\_

Who is requesting the accommodation?  Head of Household  
 Household Member: \_\_\_\_\_  
(Name) \_\_\_\_\_

**Note:** Applicable federal and state law defines "disability" with respect to the individual as a physical or mental impairment that substantially limits one or more of their major life activities (walking, talking, hearing, seeing, breathing, learning, performing manual tasks and caring for oneself), a record of having such an impairment, or regarded as having such an impairment. The person requesting the accommodation must meet this definition.

What accommodation(s) are being requested? (Please be specific)

Extra time to locate to a unit due to disability related reasons. Please explain the hardship you have faced due to your disability in finding a unit in the past and demonstrate the connection between your disability and the need for the extension.

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Lease a unit owned by a relative. Please describe why renting from a relative will assist you.

**Note:** This same relative MAY NOT actually live in the unit with the participant requesting the accommodation.

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Additional Utility Allowance. For medical equipment that uses extra electricity.

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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.

**REQUEST FOR REASONABLE ACCOMMODATION FORM**

Extra bedroom for a person with a disability. Please explain why you need an extra bedroom and submit additional documentation to sufficiently justify the request.

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Extra bedroom for equipment. Please specify, in detail, the type and size of the equipment.

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Adding a Live-In Aide. I require a person to live in the unit with me to administer care. This person is not just visiting help and does not come and go in specific shifts.

**Note:** The Live-In Aide has no rights to the voucher or unit and is prohibited from becoming a family member. In addition, their income is not counted toward the rent calculation for the household.

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Special communication. For either a person with visual impairments (written material in alternate formats, such as large print) or hearing impairments.

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Other policy or rule changes are needed. Please explain below.

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## REASONABLE ACCOMMODATION VERIFICATION LETTER

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Re: Reasonable Accommodation/Modification for \_\_\_\_\_

***Care providers and reliable third parties may include, but are not limited to, physicians, mental or behavioral health professionals, social workers, and case managers.***

To Whom It May Concern:

I am writing as a \_\_\_\_\_ in a position to know about  
*Care Provider or Qualified Third Party*

\_\_\_\_\_ 's disability. \_\_\_\_\_ is an individual with a disability as defined by the Fair Housing Act. Due to his/her/their disability, he/she/they require(s) the following accommodation or modification:

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This patient's disability affects their ability to (identify major life activity, which is affected by the disability): \_\_\_\_\_. The request presented above is necessary in connection with their disability. Your prompt review and written approval of this request is appreciated.

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Signature of Care Provider or Qualified  
Third Party

Title/Qualifications

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Print Name

Name of Agency

Signed,  
WHEDA

