



## 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.*

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- ☐ 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

\_\_\_\_\_

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.

\_\_\_\_\_  
Signature of Care Provider or Qualified  
Third Party

\_\_\_\_\_  
Title/Qualifications

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Name of Agency

Signed,  
WHEDA