

Watervliet Housing Authority

Serving the Families of Watervliet, New York Since 1959

REASONABLE ACCOMMODATION REQUEST

GENERAL INFORMATION	
Head of Household: _____	SSN: _____
Requestor: _____ (If other than Head of Household)	Phone: _____
Address: _____	Date: _____

PURPOSE OF THIS DOCUMENT
<p>A disability is defined, in part, as a physical or mental impairment that substantially limits one or more major life activities; a record of having such an impairment; or being regarded as having such an impairment.</p> <p>A Housing Authority resident/Section 8 resident may request a change in his or her current unit or a transfer to a unit that has already been changed (in the resident's development or another development). An applicant, resident, or program participant may request assistance with, or change in, a WHA practice, rule, policy, program or service.</p> <p>WHA will work with the applicant, resident, or program participant to determine how to provide the reasonable accommodation request. WHA may require documentation to support the reasonable accommodation request(s).</p>

REQUIRED INFORMATION
<p>1. The following is the name of the household member with a disability who needs a reasonable accommodation:</p> <p>Requestor Name: _____</p>
<p>2. Because of the above household member's disability, the following change(s) or assistance (reasonable accommodation) is necessary so that the individual can participate in the WHA Program(s) as easily or successfully as other program participants. Check the kind of change(s) you need:</p> <p><input type="checkbox"/> A change or special feature in a WHA dwelling, building or property. Note: If you are a Section 8 participant, you must make these kinds of requests to your landlord.</p> <p><input type="checkbox"/> Assistance with, or change in, a WHA practice, rule, policy, procedure, program, or service.</p>
<p>3. Describe the problem that the household member named in item 1 is having, or might have, with a residence or WHA practice, rule, policy, procedure, program or service:</p> <p>_____</p> <p>_____</p>

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4. Describe the type of change or assistance (accommodation) required:

5. Describe how this change or assistance will help with the problem(s):

6. Indicate the verification source the WHA may contact to verify that the household member named in item 1 has a disability and needs a reasonable accommodation:

Name: _____ Title: _____

Address: _____

Company: _____

Phone: _____ Fax: _____

By signing this form, I authorize the health care representative listed above to disclose any information requested by the Watervliet Housing Authority (WHA) concerning my request for a reasonable accommodation. WHA may use this information only for the purpose of verifying my eligibility for the accommodation requested.

I have reviewed and understand this authorization. Falsifying information constitutes program fraud under 24 CFR §982.5521 (k) and may result in denial or termination of housing assistance.

Printed Name: _____ Signature: _____ Date: _____

Please Return To: _____ Fax: _____

