

Family Request for Reasonable Accommodation or Physical Modification

PLEASE PRINT CLEARLY

Head of Household: _____ TDD/Phone: _____

Address: _____ State/Zip: _____

Currently, I am:

- An applicant on the waiting list for
 Public Housing Housing Choice Voucher Program
- Currently living in Public Housing or has Housing Choice Voucher

Household member who needs accommodation: _____

The household member above has a disability because he or she has a physical, mental or emotional impairment that limits one or more major life activities or has a record of having such an impairment.

Please fill out all the following information regarding the individual who needs the accommodation(s). Please DO NOT submit medical records.

The purpose of an accommodation is to remove or relieve a barrier posed by the disability-related limitation. As a result of this disability, I am requesting the following reasonable accommodation(s) from the housing authority for the disabled household member listed above. Please answer the questions below.

1. The person with a disability is requesting a **service or assistance animal**. Please answer the questions below.
- 1.a. Is the animal required because of a disability?
- Yes. If "Yes", answer question 1.b. below.
- No. If "No, stop and discuss reasonable accommodation vs. pets.
- 1.b. Is the animal a dog which has been trained to do work or tasks that assist or help you with the limitation(s) posed by your disability? Note that the housing authority is not asking for proof or certification of training.
- Yes. If "Yes", answer question 1.c. below.
- No. If "No, go to question #2.

1.c. What work or tasks has the animal been trained to do? Please describe:

2. As a result of this disability, the household member needs an assistance animal.

Yes. If "Yes", please explain how the assistance animal would remove or alleviate a limitation posed by the disability. Provide additional pages if necessary.

3. The household member **needs a live-in aide**. *A daily in-home worker, housekeeper, or rotating shifts are not equally effective as a reasonable accommodation because (please indicate in box):*

4. As a result of this disability, the household member needs the following accommodation(s) or modification(s) from the JCHA. Please check one or more boxes below.

- Special unit features Modifications to unit Modifications to common areas
 Transfer to another unit that meets my disability-related needs Other

Please explain. Provide additional pages if necessary.

5. The household member needs a change in a rule, policy or procedure. (Note that fundamental requirements must still be met).

If "Yes", please specify the necessary change. Attach additional pages if necessary.

I understand that the information obtained by the housing authority will be kept completely confidential and used solely to make a determination on my reasonable accommodation request.

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 of the United States Government, including the Department of Housing and Urban Development (HUD), a public housing authority (JCHA), and any owner (or employee of HUD, the JCHA, or the owner) may be subject to penalties that include fines and/or imprisonment.

I certify by signing below that all the information provided above is true, accurate and complete to the best of my knowledge.

Signature

Date

For JCHA Use ONLY: JCHA Certification

I certify that this individual's disability is obvious or otherwise known to the JCHA and no further verification is required.

I certify that this individual's need for the accommodation is readily apparent or known to the JCHA and no further verification is required.

Signature of JCHA Official

Date

Approval of JCHA 504 Coordinator

Date

AUTHORIZATION

I/we authorize the Jersey City Housing Authority to verify that the above-referenced household member has a disability and needs the reasonable accommodation(s) requested. To verify this information, the Jersey City Housing Authority may contact the below-named professional who is knowledgeable about my situation and competent to render a professional opinion. I understand the information the Jersey City Housing Authority obtains will be kept completely confidential and used solely to evaluate the request.

This authorization is requested because third-party verification may be needed.

Name of Professional: _____

Field of Practice: _____ Agency/Clinic/Facility: _____

Address: _____

Phone: (____) _____ FAX: (____) _____

X _____
Signature of Head of Household or authorized Guardian ** Date

**** If the household member needing the accommodation(s) is under 18 years of age, are you the parent or guardian of household member needing the accommodation? Yes No**

X _____
Signature of household member needing the accommodation
(only if 18 years of age or older) Date

Please return this form as promptly as possible so that the Jersey City Housing Authority may make a determination on this request.

Property Manager/JCHA Representative	Date
Phone	Email