



**METROPOLITAN HOUSING ALLIANCE**  
Housing Choice Voucher Department, 1007 S. Arch St., Little Rock, AR 72201  
Phone (501) 340-4821 FAX (501) 340-4708



# Request for Reasonable Accommodation

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

Verbal                       Written (*check one*)

Head of Household: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Household Member Requiring Reasonable Accommodation:** \_\_\_\_\_

Justification of Need:

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

Accommodation Requested (Be as specific as possible, e.g., interpreter, ramp at front door, transfer, etc.):

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

If Accommodation is time-sensitive, please explain:

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

3<sup>rd</sup> Party Verification of Need Attached. *Verifications must be obtained before a decision is made.*

\_\_\_\_\_  
Signature/Requestor

\_\_\_\_\_  
Date Requested

\_\_\_\_\_  
Signature/PHA Representative Receiving Request

\_\_\_\_\_  
Date Received



**VERIFICATION OF HANDICAP/DISABILITY  
FOR PURPOSE OF DETERMINING REASONABLE ACCOMMODATION/MODIFICATION NEEDS**

DATE: \_\_\_\_\_

TO: \_\_\_\_\_  
Name and address of third party being requested to provide this information

FROM: Metropolitan Housing Alliance \_\_\_\_\_ 501-340-4821  
PHA PHA Representative Name Telephone #

**Name of Applicant/Resident/Applicant Requesting Reasonable Accommodation/Modification**

NAME \_\_\_\_\_ SS# \_\_\_\_\_

ADDRESS \_\_\_\_\_

The person named above has requested an accommodation or modification under a program funded by the U.S. Department of Housing and Urban Development (HUD). HUD requires the PHA to verify all information that is used in determining this person's level of benefits.

We ask your cooperation in providing the following information and returning it to the person listed at the top of the page. Your prompt return of this information will help to ensure timely processing of the application for assistance. Enclosed is a self-addressed, stamped envelope for this purpose. The applicant/tenant has consented to this release of information.

**Individual with handicaps (disabilities)** as defined in 24 CFR 8.3 means 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.

As used in this definition, the phrase:

*Physical or mental impairment* includes:

- (1) Any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems: Neurological; musculoskeletal; special sense organs; respiratory, including speech organs; cardiovascular; reproductive; digestive; genito-urinary; hemic and lymphatic; skin; and endocrine; or
- (2) Any mental or psychological disorder, such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities. The term *physical or mental impairment* includes, but is not limited to, such diseases and conditions as orthopedic, visual, speech and hearing impairments, cerebral palsy, autism, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, mental retardation, emotional illness, drug addiction and alcoholism.

*Major life activities* means functions such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning and working.

*Has a record of such an impairment* means has a history of, or has been misclassified as having, a mental or physical impairment that substantially limits one or more major life activities.

*Is regarded as having an impairment* means:

- (1) Has a physical or mental impairment that does not substantially limit one or more major life activities but that is treated by a recipient as constituting such a limitation;
- (2) Has a physical or mental impairment that substantially limits one or more major life activities only as a result of the attitudes of others toward such impairment; or
- (3) Has none of the impairments defined in paragraph (a) of this section but is treated by a recipient as having such an impairment.

The term does not include any individual who is an alcoholic or drug abuser whose current use of alcohol or drugs prevents the individual from participating in the program or activity in question, or whose participation, by reason of such current alcohol or drug abuse, would constitute a direct threat to property or the safety of others.



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Based on the definition on the previous page, it is my professional opinion that the person named on this release is:  
 (Mark an "X" the applicable blank below)

\_\_\_\_\_ handicapped/disabled                      \_\_\_\_\_ not handicapped/disabled

If handicapped/disabled has been marked, please list the initial date of the handicap/disability: \_\_\_\_\_

If handicap/disability has been marked, is it expected to last less than lifetime? \_\_\_\_ Yes \_\_\_\_ No

If handicap/disability is expected to last less than lifetime, please estimate date that accommodations or modification in housing will no longer be needed. \_\_\_\_\_

Please mark with an "X" the specific accommodations or modifications in housing that are required due to this person's handicap/disability:

<input type="checkbox"/> handicap parking space	<input type="checkbox"/> ramp to unit	<input type="checkbox"/> 504 (wheelchair) accessible unit	<input type="checkbox"/> maximum mobility distance _____ feet
<input type="checkbox"/> shower/tub grab bar	<input type="checkbox"/> grab bar at toilet	<input type="checkbox"/> separate sleeping room	<input type="checkbox"/> lighted door bell
<input type="checkbox"/> strobe smoke detector	<input type="checkbox"/> brighter lighting	<input type="checkbox"/> range/w/front controls	<input type="checkbox"/> additional room for medical equipment
<input type="checkbox"/> lever door knobs	<input type="checkbox"/> 32" doorways	<input type="checkbox"/> motion sensor porch light	<input type="checkbox"/> door bell
<input type="checkbox"/> assistance animal	Type of assistance animal required:	<input type="checkbox"/> live-in aide If checked, please complete live-in aide form	
<input type="checkbox"/> other – please specify			

\_\_\_\_\_  
 NAME AND TITLE OF PERSON SUPPLYING INFORMATION

\_\_\_\_\_  
 FIRM/ORGANIZATION/MEDICAL FACILITY

\_\_\_\_\_  
 SIGNATURE

\_\_\_\_\_  
 DATE

**RELEASE:** I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is no older than 12 months.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Note to Applicant/Tenant:** You do not have to sign this form if either the requesting organization or the person/organization supplying the information is left blank.

**PENALTIES FOR MISUSING THIS CONSENT:**

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any PHA (or any employee of HUD or the PHA) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains, or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages and seek other relief, as may be appropriate, against the officer or employee of HUD or the PHA responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208 (a) (6), (7) and (8). Violations of these provisions are cited as violations of 42 USC 408 (a), (6), (7) and (8).