

Enfield Housing Authority
REASONABLE ACCOMMODATION REQUEST FORM

Administration Area Only

Program Type

Public Housing: _____

Section 8: _____

Participant Type

Resident: _____

Applicant: _____

RESIDENT/APPLICANT INFORMATION:

Date of Request: _____

Name of Resident/Applicant: _____ Telephone No.: _____

Address: _____

RESIDENT/APPLICANT REQUEST:

Under Section 504 and Fair Housing Act, a “disability” is a physical or mental impairment, which substantially limits one or more of a person’s major life activities, a record of having such impairment, or being regarded as having such an impairment.

1. Do you or a family member have a disability, as defined by the Fair Housing Act?

Yes _____ No _____

2. If yes, do you or the family member, because of this disability, need an accommodation in any rules, policies, practices, or services or need a structural modification to Enfield Housing Authority property to have an equal opportunity to use and enjoy your home?

Yes _____ No _____

3. Please describe the accommodation/modification you are requesting: _____

4. I did receive a Reasonable Accommodation/Modification Verification Form and understand that a *Third Party Professional* must complete the form on my behalf.

Yes _____ No _____

5. If my accommodation request involves a service or a companion animal, I have _____ (or) have not _____ received a copy of the Service/Companion Animal Policy.

☞ Resident/Applicant Signature: _____ **Date:** _____

Area to be completed by administrative staff:

Issued Reasonable Accommodation/Modification Form: Yes _____ No _____

Issued Copy of Pet Policy Agreement: Yes _____ No _____

Staff Signature: _____ Issued to E.D./Admin. Staff on: _____

Reasonable Accommodation/Modification Verification Form

The Enfield Housing Authority is committed to the letter and spirit of Section 504 of the Rehabilitation Act and the Fair Housing Act, which, among other things, prohibits discrimination against persons with disabilities. In accordance with our statutory responsibilities and program accessibility policies, we will make reasonable accommodations in our rules, policies, practices, or services, when such accommodations may be necessary to afford persons with disabilities an equal opportunity to use and enjoy their housing communities. In addition we will provide reasonable modifications to the apartments and common areas if necessary for the use by our residents. If you are requesting such accommodation/modification, please sign this form and fill in the name, address and telephone number (below) of a qualified *third party professional* who will complete this form and return it to us.

The EEOC's guidance on reasonable accommodation under the Americans with Disabilities Act states, a certifying agency and/or Housing Authority may require documentation "from an appropriate health care or rehabilitation professional". The appropriate professional in any particular situation will depend on the disability and the type of functional limitation it imposes. Appropriate professionals include, for example, doctors (including psychiatrists), psychologists, physical therapists, vocational rehabilitation specialists, and licensed mental health professionals.

Printed name
of Resident/Applicant: _____

Signature of
Resident/Applicant: _____

Third Party Professional:

Name: _____

Address: _____

Telephone: _____

Fax: _____

My signature above authorizes the verifier to obtain the information needed from the third party professional to process my request.

VERIFICATION OF NEED FOR REASONABLE ACCOMMODATION

Under Section 504 and the Fair Housing Act, a "disability" is a physical or mental impairment, which substantially limits one or more of a person's major life activities, a record of having such impairment, or being regarded as having such an impairment.

1. Does this resident have a disability, as defined by the Fair Housing Act? Yes _____ No _____
2. If yes, does this resident, because of this disability, need an accommodation in any rules, policies, practices, or services or need a structural modification to Enfield Housing Authority property to have an equal opportunity to use and enjoy his or her home? Yes _____ No _____
3. If yes, please describe the accommodation/modification requested.

4. Do you believe the accommodation is necessary and will achieve its stated purpose? Yes _____ No _____ Cannot Verify _____
5. If necessary, would you be willing to testify under oath to the information provided in this form? Yes _____ No _____

Name and address of person (*third party professional*) completing this form:

Name (please print): _____ Position: _____

Address: _____ Telephone: _____

Signature: _____ Date: _____

Warning: 18 U.S.C. 1001 provides, among other things, that whoever knowingly and willfully makes or uses a document or writing containing any false, fictitious or fraudulent statement or entry, in any matter within the jurisdiction of any department or agency of the United States, shall be fined not more than \$10,000, imprisoned for not more than 5 years, or both.