



MARIETTA HOUSING AUTHORITY

95 Cole Street
Marietta, Georgia 30060
(770) 419-3200 fax: (770) 419-3232



REQUEST FOR REASONABLE ACCOMMODATION(S)

Head of Household _____ Phone: _____
Head of Household SS number: XXX - XX - ____

Qualifying member: (check all that apply)

Name of disabled or elderly/near elderly household member requesting accommodation(s):

This household member is a person with a disability or is elderly or near elderly (check all that apply):

- This person receives SSI.
- A health care professional will certify on a verification form that the person is disabled.
- This person is elderly or near elderly.

Commonly requested accommodations: (check all that apply)

Live-In aide:

- A live-in aide is necessary to afford the household member equal use and enjoyment of the dwelling unit.
- A daily in-home worker is not equally effective as a reasonable alternative accommodation because:

Bedroom consideration(s):

- The household currently lives in a ____ bedroom unit. We are requesting to:
 - Keep our current unit where we are considered over housed for now.
 - Be upgraded to a larger bedroom subsidy and move to a larger unit.
- The household member requests the additional bedroom for medical equipment because of its size/function.

Describe medical equipment dimensions and/or functional requirements:

Describe why the current unit (including living room) is inadequate:

Request for Reasonable Accommodation(s)

- The household requests an additional bedroom for a live-in aide.
- The household member needs an extra bedroom as a disability accommodation because (please specify if not explained above):

- The household member is unable to attend briefing sessions at the MHA office because of issues related to his/her disability.

Other accommodation(s): Not identified above to be reviewed by Compliance Manager.

- The household member requests other accommodation(s) as related to his/her disability:

WARNING: Any person who signs this statement and who willfully states as true any material matters that he/she knows to be false is subject to the penalties prescribed for perjury of the State Penal Code and Title 18, Section 1001 of The United States Code States That a Person Making a False or Fraudulent Statement to Any Department or Agency of The United States and Shall Be Fined Not More Than \$10,000 or Imprisoned Not More Than Five Years or Both.

Signature of the Head of Household_____

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Request for Reasonable Accommodation(s)

In order to consider your request, we must verify through a 3rd party that this request is reasonable. Please identify below the health care provider that can supply this 3rd party verification.

Date: _____

Name of Professional _____

Title: _____ Phone: _____

Address: _____

City/State/Zip: _____

Your Name: _____

Release:

I, _____, hereby authorize my health care professional to release the requested information to Marietta Housing Authority. I also hereby authorize Marietta Housing Authority to release to my health care professional my completed Request for a Reasonable Accommodation form and to verify the contents of both forms with the professional.

Signature _____

Date: _____