

MARIETTA HOUSING AUTHORITY

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



REQUEST FOR REASONABLE ACCOMMODATION(S)

Before providing a reasonable accommodation, MHA must determine if the person meets the definition of a person with disability, their disability has/has not been deemed permanent by a knowledgeable professional, and the accommodation will enhance the access to MHA's programs and services.

SECTION 1: TO BE COMPLETED BY THE HOUSING CHOICE VOUCHER (HCV) APPLICANT OR PARTICIPANT:

Head of Household _____ Phone: _____

Head of Household SS number: XXX - XX - ____ (last four digits only)

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

The individual, named above, who needs the reasonable accommodation, meets the definition of an individual with a disability as stated on page three. ____Yes ____No

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.

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Describe medical equipment dimensions and/or functional requirements:

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

- 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):

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:

I authorize the physician/health care provider/professional with knowledge of the disability named below to release the specific information requested on the next section of this form to the Marietta Housing Authority to verify my request for reasonable accommodation.

Name of the person verifying disability: _____

Street address: _____

City/State/Zip Code: _____

Phone Number: _____ Email: _____

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 or representative of the U.S. Government, punishable by a fine and/or imprisonment of not more than 5 years.

Signature of the Head of Household

Date

Request for Reasonable Accommodation(s)

SECTION 2: DEFINITIONS

Assistive Animals: Animals that serve as a reasonable accommodation for persons with disabilities by assisting those individuals in some identifiable way by making it possible for them to make more effective use of their housing.

Disability: According to the Fair Housing Act amended in 1989 and Section 504 of the Rehabilitation Act of 1973-as amended, a person with a disability includes any person who has:

- Physical or mental impairment(s) that substantially limits one or more major life activities;
- Has a record of having such impairments; or
- Is regarded by others as having such impairments.

Examples include, but are not limited to: visual, speech and hearing impairments, cerebral palsy, autism, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, HIV, mental retardation, emotional illness, drug addiction, and alcoholism. Does not include current, illegal use of, or addiction to, a controlled substance as defined in Section 2 of the Controlled Substance Act, 21 U.S.C. 802.

Elderly: A person who is at least 62 years of age.

Live-in aide: A person who resides with one or more elderly persons, near elderly persons, or persons with disabilities and who is 1) determined to be essential to the care and well-being of the persons, 2) is not obligated for the support of the persons, and 3) would not be living in the unit except to provide the necessary supportive services. The live-in aide must be identified by the family and approved by the Housing Authority (24 CFR Section 5.403)

Near-elderly person: A person who is at least 50 years of age but below the age of 62, who may be a person with a disability.

Reasonable Accommodation: A reasonable accommodation is a slight change in procedure or policy or structural modification that enables a person with disabilities to take full advantage of the same housing opportunities as others.

SECTION 4: RETURNING THIS FORM

Once completed, this form must be returned to MHA. Failure to provide the documentation may subject you to delays in completing your tenancy or recertification.

Marietta Housing Authority
95 Cole Street, N.E.
P.O. Drawer K
Marietta, GA 30060

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