



REQUEST FOR A REASONABLE ACCOMMODATION

Head of Household Name: _____

Phone: _____

Social Security Number: _____

Address: _____

1. The following household member, _____, has a disability as defined below:

Disability: A physical or mental impairment that substantially limits one or more major life activities; a record of having such an impairment; or being regarded as having such an impairment.

2. Describe the accommodation you are requesting:

3. Describe why this accommodation is needed and how it relates to a disability:

4. List the name of the individual who can verify the disability and the need for the accommodation requested. This should be the individual providing the professional services (Example: physical, mental health worker) that relate to the disability.

Name _____ Title _____

Address _____

Phone _____ Fax _____

The Housing Authority will mail a verification form to this individual. Hand-delivered verifications will not be accepted.

Signed: _____
Head of Household Printed Name Date





**VERIFICATION OF DISABILITY AND NEED FOR REASONABLE ACCOMMODATION
THIRD PARTY VERIFICATION**

DATE: _____

Family Member Requesting Accommodation: _____

Date of Birth: _____

Please complete this form and return it at your earliest convenience. The individual listed above has identified himself as being disabled and has asked for an accommodation from this agency to meet certain needs dictated by the disability. The Housing Authority grants reasonable accommodation requests based in part by verification of need from a qualified physician (M.D. or Psychiatrist) who has direct experience with an individual’s disability. You have been authorized to release information to us regarding the need for an accommodation. Please complete and return this form to the Housing Authority, in the enclosed envelope. In order to maintain third party verification status of this form, we ask that the form be returned directly from your office. **The patient MAY NOT return it to our office. If you have questions regarding this matter, please call the NRHA office (775) 887-1795 or FAX (775) 887-1798.**

The Department of Housing and Urban Development defines a person with a disability, at CFR 5.403, a

- (1) a person who:
 - (i) Has a disability, as defined in 42 U.S.C. 423;
 - (ii) Is determined, pursuant to HUD regulations, to have a physical, mental, or emotional impairment that:
 - (A) Is expected to be of long-continued and indefinite duration;
 - (B) Substantially impedes his or her ability to live independently, and
 - (C) Is of such a nature that the ability to live independently could be improved by more suitable housing conditions; or
 - (iii) Has a developmental disability as defined in 42 U.S.C. 6001.
- (2) Does not exclude persons who have the disease of acquired immunodeficiency syndrome or any conditions arising from the etiologic agent for acquired immunodeficiency syndrome;
- (3) For purposes of qualifying for low-income housing, does not include a person whose disability is based solely on any drug or alcohol dependence; and
- (4) Means “individual with handicaps”, as defined in §8.3 of this title, for purposes of reasonable accommodation and program accessibility for persons with disabilities.

NOTE: The following definitions are available upon request if needed to make determination:

USC 6001 (8): Developmental Disability

42 USC 423: “Disability” as defined for the receipt of the Social Disability Insurance Payments

24 CFR 8.2: Individual with Handicaps





This individual has, in the attached form, requested an accommodation in the rules, policies, practices and services of the Nevada Rural Housing Authority.

- 1) Does the individual have a disability, as defined above? YES_____ NO_____
- 2) If yes, does the individual, because of their disability, need the accommodation they have requested to have an equal opportunity to use and enjoy his or her home? YES_____ NO_____
- 3) If yes, please describe the accommodation and why it is needed. (Additional bedrooms require additional rental subsidy; this reduces the agency's ability to assist other families) **It is not necessary to state what the disability is.** Please print legibly so that we do not have to ask for clarification.

- 4) For live in aide requests, please explain why nighttime care is required, as opposed to daytime care, which could be provided by a shift worker. (Additional bedroom requires additional subsidy; this reduces the agency's ability to assist other families. Be sure the need for a live-in aide is a necessity). Please list the nighttime (Sleeping hours) tasks that the aide would perform.
 - a. _____
 - b. _____
 - c. _____
- 5) Do you recommend this type of accommodation for individuals with similar impairments?
- 6) If no, please explain:

- 7) If necessary, would you be willing to testify under oath to the information provided on this form? YES_____ NO_____
- 8) Is this disability permanent? YES_____ NO_____

Signature

Date

WARNING: Any person who signs this statement and who willingly states as true, any matter which (s)he knows to be false, is subject to the penalties prescribed for Perjury in Nevada Revised Statutes 199-145.





Approval or Denial of Reasonable Accommodation
and/or Reasonable Modification Request

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To: _____

On _____ (Date) you requested the following reasonable accommodation and/or modification:

We have:

Approved your request. We will provide the following accommodation and/or modification"

The change is effective immediately.

We will provide the accommodation by: _____

To make the change you requested, we must have bids and then arrange installation or we must order certain equipment. We anticipate that the change will be made by: _____ (Date), and we will notify you if we discover that there will be a delay.

If you have questions or think this accommodation and/or modification will not meet your needs or will take too long to provide, please contact me immediately.

Denied your request. We have denied your request because (Check all that apply):

You are not a person with a disability or your guest or household member or person associated with you does not have a disability, as defined by federal and/or state law, and we are not required to give you an accommodation and/or modification.

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Approval or Denial of Reasonable Accommodation
and/or Reasonable Modification Request

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- The accommodation and/or modification you requested is not reasonable because:
 - You do not need this accommodation and/or modification to live here as easily as others without disabilities or to enjoy or participate equally in this housing program as easily as others without disabilities.
 - it will cost (fill in amount) \$ _____ and/or _____ Hours of staff time to make the change you requested and this is an undue burden on our operations.
 - It will fundamentally change the nature of our housing.

We used these facts to deny your request (list): _____

To make this decision, we spoke to the following people, reviewed the following documents, and performed the following investigation: _____

If you disagree with this decision or have more information to provide to us, you may contact me at the following address and/or phone number.

Sincerely,

Signature: _____ Date: _____

Name: _____ Title: _____

Address: _____

Phone Number: _____

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