



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: Any person who has a physical or mental impairment that substantially limits one or more major life activities; has a record of such an impairment; or is regarded as having such an impairment. (24 CFR § 8.3)

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. The Housing Authority grants reasonable accommodation requests based in part by verification of need from a qualified doctor or other medical professional, a peer support group, a non-medical service agency, or a reliable third party who is in a position to know about the individual's 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*



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VERIFICATION OF DISABILITY AND NEED FOR REASONABLE ACCOMODATION THIRD PARTY VERIFICAITON

Family Member Requesting Accommodation: _____ Date of Birth: _____

Today's Date: _____

Please complete this form and return it at your earliest convenience. The individual listed above has identified himself/herself 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 doctor or other medical professional, a peer support group, a non-medical service agency, or a reliable third party who is in a position to know about the individual's disability may also provide verification of a disability. You have been authorized to release information to us regarding the need for an accommodation. **To maintain third party verification status of this form, we ask that the form be returned directly from your office. The individual listed above 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 an individual with handicaps in 24 CFR §8.3:

24 CFR §8.3: "Individual with handicaps"

Any person who has a physical or mental impairment that substantially limits one or more major life activities; has a record of such an impairment; or is regarded as having such an impairment.



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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 on page 2? **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. **It is not necessary to state what the disability is.** Please print legibly so that we do not have to ask for clarification.

- 4) If necessary, would you be willing to testify under oath to the information provided on this form? **YES** _____ **NO** _____

Signature

Date

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



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OFFICE USE ONLY

Approval or Denial of Reasonable Accommodation and/or Modification Request
Page 1 of 2

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: _____ and we will notify you if we discover that there will be a delay. Date

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.



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Page 2 of 2

We have denied your request for a reasonable accommodation and/or modification because:

- The request was not made by or on behalf of a person with a disability or there is no relationship, or nexus, found between the disability and the requested accommodation, or;
- It would impose an undue financial and administrative burden on the housing provider, or;
- It would fundamentally alter the nature of the provider's operations.

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, you have the right to request a grievance hearing. Enclosed you will find paperwork on how to file for a hearing. If you wish to request a grievance hearing you must have your request in our office within 10 business days from the date of this letter. For more information, please contact Lena Frias Section 504 Accessibility Coordinator at (775) 887-1795 or TTY (800) 545-1833 ext. 545.



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