NEVADA RURAL HOUSING

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's able to know about the individual's disability.

Name _____ Title _____

Address _____

Phone _____ Fax _____ Email _____

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*

3695 Desatoya Drive Carson City, NV 89701
NVRural.org • help@nvrural.org
Phone: (775) 887-1795 • Fax: (775) 887-1798 • TTY: (800) 545-1833 ext. 545

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 knows 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 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.

NEVADA RURAL HOUSING

This individual has, in the attached form, requested 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 Required:

_____	_____	_____
Signature	**Title**	**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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NEVADA RURAL HOUSING

OFFICE USE ONLY

Approval or Denial of Reasonable Accommodation and/or Modification Request

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.

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NEVADA RURAL HOUSING

Approval or Denial of Reasonable Accommodation and/or Modification Request

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

☐ Your healthcare provider failed to verify your disability, or;

☐ 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 Mishon Hurst Section 504 Accessibility Coordinator at (775) 887-1795 or TTY (800) 545-1833 ext. 545.

Signature: _____ Date: _____

Name: _____ Title: _____

Address: _____ Phone Number: _____