

Request for Reasonable Accommodation

Tenant ID: _____

The MHA of Council Bluffs Public Housing (HA) provides "Reasonable Accommodation" to applicants and/or participants with disabilities. A "Reasonable Accommodation" is a change, exception, or adjustment to a rule, policy, practice or service that may be necessary for a person with a disability to have equal access to the HA's programs and services. The request for the accommodation must be reasonable and not an administrative or financial burden or alter the fundamental nature of the program.

If you, or anybody, in your household, has a verifiable disability and you need a reasonable accommodation, please complete this form to request the Reasonable Accommodation. All requests are reviewed on a case-by-case basis and the HA considers all information provided. The accommodation must be for a person with a disability. To be considered disabled, a person must have a disability as described below:

- (1) a physical or mental problem that substantially limits one or more life activities (or)
- (2) having a record of such a problem (or)
- (3) being regarded as having such a problem

1. The following member of my household has a verifiable disability as defined above:

Name: _____ Relationship to you: _____

2. As a result of this disability, I am requesting the following accommodation:

- A change in my apartment or other part of the housing development (please specify below):
- A change in the following rule, policy, or procedure (Note that a change in how to meet the terms of the lease may be requested but the terms of the lease must be met.) (please specify below):
- Other (For example, a change in the way the Housing Authority communicates with you). (please specify below):

3. The request for reasonable accommodation is necessary so that I (or my family member) can (please specify):

4. I authorize the HA to verify that I (or my family member) have a disability and have the need for the specific accommodation I have requested. In order to verify this information, the HA may contact the following licensed professional:

Name: _____

Title of professional or expert: _____

Agency, Facility or Institution (if any): _____

Address: _____

Telephone: _____

Please contact _____ at _____ if you have questions.

I understand that the information obtained by the Housing Authority will be kept completely confidential and used solely to make a determination on my accommodation request.

X _____ Date _____

