



Por favor, solicite ayuda si el inglés es difícil
 如果英语困难, 请寻求帮助。
 Молим те замоли за помож ако је енглески тењак
 Xin hãy yêu cầu giúp đỡ nếu tiếng Anh khó
 صعبيه الانجليزيه اللغة كانت إذا المساعدة طلب الرجاء

CITY OF PHOENIX
 HOUSING CHOICE VOUCHER PROGRAM

REQUEST FOR REASONABLE ACCOMMODATION FORM

Date of Request _____

Head of Household Name _____ Check one: Participant Applicant

Address _____ Participant/Applicant # _____

City, ST, Zip _____ Phone _____

Email _____

Name of Household Member Needing the Accommodation _____

Check one: Head of Household Family Member

Things to Consider Before Completing and Submitting Your Reasonable Accommodation Request:

1. Please review the legal definition of disability.
 - a. A sensory, mental, or physical impairment that is medically cognizable or diagnosable. "Impairment" includes a physiological disorder, cosmetic disfigurement, anatomical loss affecting one or more of several specified body systems, and mental, developmental, traumatic, and physiological disorders.
 - b. A physical or mental impairment which substantially limits one or more major life activities; has a record of such an impairment; or being regarded as having such an impairment. A major life activity means functions such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning and working.
2. **Having a temporary ailment does not qualify an individual as having a disability.** Examples of conditions that are **NOT** impairments includes: The common cold or the flu, a sprained joint, minor and non-chronic gastrointestinal disorders, a broken bone that is expected to heal completely and pregnancy.
3. 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 an equal opportunity to use and enjoy a dwelling, including public and common-use spaces. Since rules, policies, practices and services may have a different effect on persons with disabilities than on other persons, treating persons with disabilities exactly the same as others will sometimes deny them an equal opportunity to use and enjoy a dwelling [Joint Statement of the Departments of HUD and Justice: Reasonable Accommodations under the Fair Housing Act].
4. If your reasonable accommodation request is granted, AZQ may periodically review and request updated verification for the continued medical necessity for the reasonable accommodation.



REQUEST FOR REASONABLE ACCOMMODATION FORM

Reasonable Accommodation Request - To be completed by Applicant/Participant

Name of Household Member Needing the Accommodation _____

What reasonable accommodation(s) you are requesting? Please be specific. Accommodations may include a change in your voucher or an adjustment to rules, communication methods, and/or procedures of the AZQ. *Do not* list your medical diagnoses.

Explain how the requested accommodation(s) will help you obtain or maintain your housing?

Live-In Aide - If you are requesting a Live-In Aide, please answer the following questions:

Provide the name of the proposed Live-In-Aide and explain the relationship between the Live-in-Aide and the Applicant/Participant.

Live-In Aide Full Name: _____

Relationship: _____

1. Does the proposed Live-In Aide currently live with Applicant/Participant?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2. The live-in aide is essential to my care and wellbeing.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3. The live-in aide is not obligated to support me financially.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4. The landlord has agreed to allow the live-in aide to move in.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5. The live-in aide will only be living in the unit to provide necessary supportive services for me.	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Knowledgeable Professional Who Can Verify the Need for Accommodation

Please list the contact information of the knowledgeable professional (e.g. Physician, Health Care Provider, etc.) who can verify that you have a disability warranting the accommodation(s). If you do not provide the contact information for a knowledgeable professional, AZQ will be unable to process this request.

Name: _____ Title: _____

Address: _____

City: _____ State _____ Zip Code _____





REQUEST FOR REASONABLE ACCOMMODATION FORM

Telephone Number: _____ Fax or email: _____

Authorization to Release Information and Certification – I hereby understand and acknowledge:

1. That I had a full opportunity to read and consider the contents of this authorization and I understand that, by signing this form, I am confirming my authorization of the use and/or disclosure of my protected health information as described in this form.
2. That the information obtained under this consent is limited to information that is no older than 12 months.
3. That the knowledgeable professional listed above has knowledge of whether my disability requires a reasonable accommodation or modification. To verify an accommodation or modification, this request is only for the minimum information necessary to confirm such accommodation or modification is required. Any other request for information about me is not relevant and may not be made (e.g., diagnosis; treatment).
4. AZQ may request future authorizations and verification regarding continued need for this reasonable accommodation.
5. I have a right to revoke this authorization at any time by giving written notice of my revocation to the AZQ and/or the knowledgeable professional listed above. I understand that revocation will *not* affect any action already taken in reliance on this authorization.
6. The information provided on this form is true and accurate.
7. I give AZQ permission to discuss the requested accommodation with my knowledgeable professional.

Note: The knowledgeable professional listed above will receive a copy of this form.

Signature of Participant/Applicant

Date

If you are signing as a Power of Attorney, Legal Guardian, Executor or Administrator complete the following and attach a copy of the legal documents:

Personal representative's name: _____

Relationship to the individual: _____

Fraud and False Statements: Title 18, Section 1001 of the U.S. Code states that a person who knowingly and willingly makes false and fraudulent statements to any department or employee of the United States Government, HUD, a Public Housing Authority or a Property Owner may be subject to penalties that include fines and/or imprisonment.

