

RALEIGH HOUSING AUTHORITY
REASONABLE ACCOMMODATION/MODIFICATION REQUEST FORM

Reasonable accommodations and modifications can be provided to applicants and participants with disabilities. These are provided as a change, exception, or adjustment that is necessary for a person with a disability to have equal access to programs or services.

In order to be approved, accommodations and modifications must:

- Be reasonable;
- Be made by or on behalf of a person with a disability;
- Have a discernable link between a disability and the request;
- Not fundamentally alter the nature of a program or service provided;
- Not violate any known laws, regulations or guidelines;
- Not negatively affect safety, structural or mechanical integrity (modifications only); and
- Comply with all essential lease requirements.

Please complete the form below to request a reasonable accommodation or modification. All requests will be reviewed on a case-by-case basis.

The following individual is requesting an accommodation or modification be made:

Name: _____ Phone Number: _____

Email Address: _____ SSN #: XXX-XX-_____

Street Address: _____ City: _____

State: _____ Zip Code: _____

Type(s) of accommodation/modification requested: Live-In Aide Bedroom Size Change

Service/ESA Animal Voucher Extension (S8 Only) Change in Rental Due Date

Transfer Grab bars (PH/RAD Only) Handheld Showerhead (PH/RAD Only)

Entrance Ramp (PH/RAD Only) Strobe doorbell/fire alarm (PH/RAD Only)

Other: _____

Accommodation/modification is necessary because: _____

Length of Request (check one): Temporary through _____ Permanent

All requests must be verified prior to decisions being made. Should additional information or verification be required for a decision, I authorize RHA to contact the following provider:

Name of Provider: _____

Title of Provider: _____ Phone Number: _____

Provider's Address: _____

Requester's Signature: _____ **Date:** _____

Completed forms should be returned to the Raleigh Housing Authority at the following locations:

By mail – 900 Haynes Street, Raleigh, NC 27604 By fax – (919) 831-6160

By email – lmccann@rhaonline.com

To Be Completed by RHA Staff:

Is the requester disabled as defined by Section 504, the Fair Housing Act, or the ADA?

Yes No

Has this person's equal use and enjoyment of the home been diminished in direct connection with this disability? Yes No

Has the requestor provided verification that the accommodation will correct the diminished housing use and/or enjoyment caused by the disability? Yes No

Explain below: _____

Staff's Recommendation(s): _____

Staff Signature: _____ **Date:** _____

To Be Completed by Central Office Staff:

Date Request Received: _____ Date of Decision: _____

Type(s) of Accommodations Provided: _____

Reason(s) for Decision: _____

Work Order Number: _____ Date Completed: _____

Staff Signature: _____ **Date:** _____