Reasonable Accommodations in Public Housing: Request Form

This form is optional. It may be used jointly by the person requesting a reasonable accommodation and the Public Housing Agency (PHA). The requester should receive a copy of the final request and any other documents reflecting the PHA's decision.

Request

1. Date initial request was made: _____

2. Name of person making the request (if different from resident/ applicant):

_____

Who made the request (check one): ☐ housing applicant ☐ resident ☐ third party on behalf of individual with a disability *(ie., social worker, family member, friend, representative)*

3. Resident/ applicant address (including building and unit number):

_____

4. Contact information

Resident / applicant: _____

Phone: _____ Email: _____

Requesting person (if different than resident/ applicant): _____

Phone: _____ Email: _____

PHA staff receiving the request: _____

Phone: _____ Email: _____

5. Form of the request (check one): ☐ written ☐ verbal ☐ other _____

6. Describe the reasonable accommodation request:

7. Signature of Requester: _____

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PHA Assessment and Processing

8. Is the disability known or obvious to the PHA? ☐ yes ☐ no

- If no, was documentation of the disability provided? ☐ yes ☐ no
  - » If no, who will get the documentation (check one): ☐ Requester ☐ PHA
  - » By when: _____ (***Note:*** *PHA should work to collect any documentation within 10 business days. If the requester is collecting the information, they should determine a reasonable amount of time, considering the nature of the disability. If this information has not been provided within the period, the request may be closed.)*

9. Is the need for the accommodation/ modification readily apparent or known to the PHA? ☐ yes ☐ no

- If "no," was documentation provided? ☐ yes ☐ no
  - » If no, who will get the documentation: (check one): ☐ Requester ☐ PHA
  - » By when: _____ (***Note:*** *PHA should work to collect any documentation within 10 business days. If the requester is collecting the information, they should determine a reasonable amount of time, considering the nature of the disability. If this information has not been provided within the period, the request may be closed.)*

Note: *In most cases, an individual's medical records or detailed information about the nature of a disability is not necessary and may be inappropriate.*

10. Can the PHA demonstrate that the accommodation would cause an undue financial and administrative burden to the PHA or fundamentally alter the program? ***Note: If yes, alternative accommodations must be provided.*** ☐ yes ☐ no

Decision

11. On date: _____

12. The request was: ☐ Approved ☐ Approved in part (describe below) ☐ Denied

13. Before denial, was an alternative discussed? ☐ yes ☐ no
Date of discussion: _____ Details of alternatives discussed:

Alternative was: ☐ Approved ☐ Denied ☐ Rejected by Requester

14. Describe the approved reasonable accommodation (if any) and any next steps:

15. Name of PHA staff making the decision: _____

Signature of PHA staff making the decision: _____

Learn more: The Reasonable Accommodations for Public Housing Residents and Applicants Series includes short webinars, fact sheets, and resources: https://tinyurl.com/mur79ms8.

Complaints: Applicants or residents who believe they have been subject to discrimination, may file a complaint with HUD's Office of Fair Housing and Equal Opportunity at (800) 669-9777 (voice) or (800) 877-8339 (relay), or complete a complaint form online at https://www.hud.gov/fairhousing/fileacomplaint.