



# REQUEST FOR REASONABLE ACCOMMODATION/MODIFICATION AND AUTHORIZATION FOR RELEASE OF INFORMATION

*Este formulario está disponible en español a petición.*

## Instructions to Houston Housing Authority Tenants, Participants, and others who may use our services and are qualified disabled persons:

- If you would like to ask Houston Housing Authority for an accommodation to an existing rule, policy, practice, or service or for modification of a housing unit to help with a disability, please complete all parts of this Request Form. It will help Houston Housing Authority understand your request and respond to it appropriately. Please note that this form is not required to make a request for reasonable accommodation.
- This Request Form has four (4) pages. This is the first page. On the second and third page, it is important to answer all questions that are asked. Use extra sheets of paper if you need more space. The fourth page is an Authorization for Release of Information. It also is important that you fill out and sign this page. The Authorization for Release of Information asks you to list a health care provider or other persons who can explain or verify your needs and will allow Houston Housing Authority to discuss your request with these persons, if necessary.
- **WHEN YOU HAVE COMPLETED THIS REQUEST, GIVE PAGES 2, 3, AND 4 TO YOUR PROPERTY MANAGER, LEASING OFFICER, OR MAIL IT TO: Houston Housing Authority, Attn: Legal Compliance Officer, 2640 Fountain View Drive, Houston, Texas 77057.** If you would like help with completing this form or in making your request, please contact Houston Housing Authority Reasonable Accommodation at 713-260-0353 / 713.260.0547(TTY) or via email at 504ADA@housingforhouston.com
- Houston Housing Authority will make every effort to respond to your request **within ten (10) business days from receiving all necessary documentation to fully evaluate your request (including a medical verification from your provider).** If you have any additional questions or concerns, you may contact the Houston Housing Authority's Legal Compliance Officer at 2640 Fountain View Drive, Houston, Texas 77057 or by telephone, 713-260-0353 / 713.260.0547(TTY).
- **PLEASE NOTE: If approved for a reasonable accommodation, you will be required to recertify your need for the accommodation at the time of your annual housing reexamination/recertification.**

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**WARNING – BE TRUTHFUL ON EVERY PAGE OF THIS FORM! Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to purposefully make false statements or misrepresentations to the Houston Housing Authority. Knowing false statements and misrepresentations also are grounds for Houston Housing Authority to terminate the Requestor's housing benefits. The Department of Housing and Urban Development (HUD) also prohibits fraud in public housing (24 CFR 966.4 (I)(2)(C) and Section 8 (24 CFR 982.552(c)(4)).**





**REQUEST FOR REASONABLE ACCOMMODATION**

If you would like to request a reasonable accommodation on behalf of yourself or a member of your household, please complete this form. You must fill in the information requested, sign your name, and **return the completed form to the Houston Housing Authority, Attn: LEGAL COMPLIANCE OFFICER, 2640 Fountain View Drive, Houston, Texas 77057 or to your Property Manager’s Office.** If would like assistance in completing this form, please contact the Houston Housing Authority (HHA) Reasonable Accommodation Line at 713.260.0353 / 713.260.0547(TTY).

Today’s Date: \_\_\_\_\_ Client #: \_\_\_\_\_

Name of the person for whom the accommodation is being requested: \_\_\_\_\_

Head of Household Name: \_\_\_\_\_  
*(if different from above)*

Head of Household Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Requestor Status:

**Low Income Public Housing:**  Current Tenant  Applicant (on waiting list)

**Housing Choice Voucher (Section 8):**  Current Tenant  Applicant (on waiting list)

**Please answer each of the following questions:**

1. I am asking for the following: (check all that apply)

Change to a Houston Housing Authority Rule, Policy, Practice or Service

Physical Change to my Public Housing Unit

Other \_\_\_\_\_

2. I have a disability that is:  temporary  permanent





3. Please state what you are asking the Houston Housing Authority to change or provide because of your disability: (what is the specific accommodation or modification you are requesting):

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4. Please state why the above accommodation or modification is necessary (how does your disability relate to the accommodation or modification that you requested above): \_\_\_\_\_

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5. Please list any alternative accommodations or modifications (if any) that could suit your disability-related needs, if Houston Housing Authority is unable to grant your requested accommodation/modification: \_\_\_\_\_

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6. If this request is for an additional bedroom for medical equipment, list each piece of equipment that is being stored inside the unit: \_\_\_\_\_

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If the reasonable accommodation request is for a live-in aide, the **Live-in Aide Agreement** must also be completed, signed by the Head of Household and the live-in aide, submitted to the Housing Authority for verification and approval. **Housing Choice Voucher Program (formerly Section 8) participants shall also obtain their landlord’s approval for a live-in aide prior to the live-in aide occupying the premises.**

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**Requestor’s Signature**





## AUTHORIZATION FOR RELEASE OF INFORMATION

I, \_\_\_\_\_

*(print name of person with disability here; if person is a minor child, print parent's name)*

have made a REQUEST FOR REASONABLE ACCOMMODATION/MODIFICATION to the Houston Housing Authority for accommodation of my disability. I give you permission to share any information with the Houston Housing Authority that will help verify that I am disabled and explain why I need the accommodation/modification that I am seeking. I may withdraw this permission at any time. This Authorization does not authorize the Houston Housing Authority to examine my medical records.

Name of Person to Provide Medical Verification: \_\_\_\_\_

Name of the Agency, Facility, or Institution: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax Number: \_\_\_\_\_

The verification information will be kept confidential and used only to evaluate the request for a disability-related reasonable accommodation.

Check here if Adult signed for Minor Child. \_\_\_\_\_

Child's Name

\_\_\_\_\_  
 Signature of Individual with a Disability

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Print Name

\_\_\_\_\_  
 Date of Birth

\_\_\_\_\_  
 Address, City, State, Zip Code

\_\_\_\_\_  
 Telephone

