

# Request for Reasonable Accommodation or Modification

Date: \_\_\_\_\_

Name (Resident or Applicant)	
Address	
City, State, Zip	
Contact Phone Number (if applicable)	
Preferred Contact Method	<input type="checkbox"/> Phone <input type="checkbox"/> Face to face meeting <input type="checkbox"/> Writing <input type="checkbox"/> E-mail _____ <input type="checkbox"/> Other _____

If you have difficulty understanding English, please request our assistance and we will ensure that you are provided with meaningful access based on your individual needs.

Si usted está incapacitado y desea solicitar un acomodo razonable o si tiene dificultad para entender Inglés, por favor solicite nuestra asistencia y nos aseguraremos de que se le proporciona un acceso significativo basado en sus necesidades individuales.

\_\_\_\_\_ (household member name) has a disability as defined below.

An individual is considered disabled if he/she meets the following criteria:

1. Has a physical or mental condition that severely affects a major life activity
2. Has record of having a physical or mental condition that severely affects a major life activity
3. Is regarded as having a physical or mental condition that severely affects a major life activity

As a result of his/her disability, the following is requested:

A structural change. Please describe:

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A change in the following rule, policy or procedure. Please describe: *(Note: you may ask for changes in how you meet the terms of the lease, but everyone must comply with the terms of the lease.)*

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Other. Please describe:

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The following person/company is able to assist by providing information about the change  
(It is not required that the resident complete this item. The owner/agent will try to obtain this information if necessary).

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### ***PENALTIES FOR MISUSING THIS FORM***

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government, HUD, the PHA and any owner (or any employee of HUD, the PHA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the PHA or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the **\*\*Social Security Act at 208 (a) (6), (7) and (8)**. Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).

By signing this request, I certify that the above information is true and correct.

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*The owner/agent does not discriminate on the basis of disabled status in the admission or access to, or treatment or employment in, its federally assisted programs and activities. The person named below has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24 CFR, part 8 dated June 2, 1988). Attn: 504 Coordinator, 5101 River RD Suite 101, Bethesda, MD 20816, (P)301-941-8040, (F) 301-941-8182, (TTY) 711*

