



City of Phoenix
HOUSING DEPARTMENT

REQUEST FOR REASONABLE ACCOMMODATION

INSTRUCTIONS:

- Request for Accommodation Form is to be completed by the Applicant/Resident.
- Verification Form is to be completed by a professional or someone who has knowledge of your disability and/or need for an accommodation.
- Applicant/Resident must return both forms to his/her assigned Housing Program Representative (HPR).

Please indicate the appropriate Program/Property:

- | | | |
|------------------|-------------------------------|------------------|
| Section 8 HCV | Scattered Sites Homeownership | Fillmore Gardens |
| Sunnyslope Manor | Luke Krohn / Sidney P Osborn | Pine Tower |
| Washington Manor | Maryvale Parkway Terrace | |

Check all items that apply and explain fully. Attach a separate sheet if you need more space.

Please keep copies of all documents that you submit for your records.

Name of Head of Household _____

Current Address _____ Unit# _____

City, State, Zip _____

Phone _____

The person(s) who has a disability requiring a reasonable accommodation and/or modification is:

- Myself A person in my household

Name of person with disability _____

By completing this form the requester certifies that:

1. The person requiring an accommodation is disabled? Yes No

2. The disability affects or limits their activities in the following ways:

3. The disabled person needs following accommodation or modification:

RELEASE OF INFORMATION

I give my permission for the City of Phoenix Housing Department to verify the authenticity of the forms from the professional or person who has knowledge of my disability and/or need for an accommodation, should it be needed to make a determination.

Signature of person requiring accommodation

Date

Print Name

Received by: (City of Phoenix Housing Department Employee)

Date

251 West Washington Street, 4th Floor
Phoenix, Arizona 85003
(602)262-6794

The City of Phoenix Housing Department does not discriminate on the basis of race, color, national origin, religion, sex, disability or familial status in admission or access to its programs. If you need to request a reasonable accommodation, contact your Housing Program Representative.

For TTY or other such accommodations please use 7-1-1 Friendly.





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Verification Needed for Reasonable Accommodation

Must be completed by a professional or someone who has knowledge of your disability and/or need for an accommodation.

Name of Disabled Person _____

1. Relationship to Disabled Person:

Please describe the nature and extent of your knowledge about the person named above and why you are qualified to make the assessments about him or her that this form seeks. If you provide medical or other services to the person, please state how long you have done so and in what capacity.

2. Verification of Disability.

Below you will see the legal definition of disability. Please check the box to indicate your opinion of whether or not the person is disabled under the legal definition.

- I. 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.
- II. 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.

- The person **IS** disabled under this definition.
- The person **IS NOT** disabled under this definition.
- I do not have enough information or training to make this assessment.

3. Assessment of Necessity.

The person is requesting an accommodation listed below. Please indicate the accommodation and its necessity to allow the person equal access to services.

Requested Accommodation/Modification:



Please check the box that best applies to the accommodation/modification request:

<input type="checkbox"/> Necessary	<input type="checkbox"/> Alternatives available (NOT Necessary)	<input type="checkbox"/> NOT Beneficial NOT Necessary	<input type="checkbox"/> Lack enough information to say
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Explain the basis for your assessment/comments; describe any alternatives:

4. Have you recommended this type of accommodation for individuals with similar impairments?

Yes No

5. If no, please explain:

6. If necessary, would you be willing to testify on behalf of the person named above as to the information provided on this form?

Yes No

Information of person completing form:

Signature: _____ Date: _____

Printed name: _____

Position: _____

Address: _____

Telephone: _____

WARNING: Section 1001 of Title 18 of the United States Code makes it a criminal offense to knowingly and willfully provide a materially false statement or representation on this form.

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