

INITIAL

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**WILKES-BARRE HOUSING AUTHORITY
REQUEST FOR REASONABLE ACCOMMODATION**

Please fill out the information below regarding the individual who needs the accommodation(s). It is important for you to provide as much detail as possible in order for the Wilkes-Barre Housing Authority (WBHA) to best evaluate this request.

NOTE: This form is to be completed and signed by the Head of Household on behalf of the Household Member needing the accommodation(s). Please complete a separate "Request for Reasonable Accommodation" form for each Household Member requiring an accommodation(s). If the disabled Household Member who needs the accommodation(s) is **18 years of age or older**, he or she **AND** the Head of Household must sign this form.

PLEASE PRINT CLEARLY

Head of Household: _____
Household Member Who Needs an Accommodation(s): _____
Relationship to Head of Household (e.g. son, daughter, parent): _____
Address: _____ Phone: (____) _____

DEFINITION OF DISABILITY AS IT RELATES TO REASONABLE ACCOMMODATION(S)

The Fair Housing Act defines a person with a disability to include any person who has a physical or mental impairment that **substantially limits** (i.e. "significant" or "to a large extent") one or more **major life activities** (i.e. those activities that are of central importance to daily life such as seeing, hearing, walking, breathing, performing manual tasks, caring for one's self, learning, speaking, or working.) The impairment is expected to be of long-continued and indefinite duration (**EXPECTED TO LAST FOR A CONTINUOUS PERIOD OF NOT LESS THAN 12 MONTHS.**) (24 CFR 5.403) (42 USC § 423)

1. The above Household Member meets the **DEFINITION OF DISABILITY AS IT RELATES TO REASONABLE ACCOMMODATION(S)** as listed above.

Yes No

2. As a result of this disability, I am requesting the following reasonable accommodation(s) from the WBHA for the disabled Household Member listed on Page 1. (**Please check one or more boxes below**):

a) Special unit features, b) physical modifications to common areas, or c) if a resident, a transfer to another unit that meets my needs. **Please provide details.** (Attach additional pages, if necessary.)

A change in the following rule, policy or procedure. (Note that a change in **HOW** to meet the requirements of the lease may be requested; however, the lease's requirements must still be met.) **Please specify the necessary change.** (Attach additional pages if necessary.)

