

FOR OFFICE USE ONLY

MANAGER'S AGREEMENT _____	ADMINISTRATIVE AGREEMENT _____
INITIAL	DATE
INITIAL	DATE

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.)

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.)

3. The disabled Household Member needs this reasonable accommodation(s) because: (Attach additional pages, if necessary.) (If the accommodation requested is equipment-related, provide a list of **ALL** needed equipment.)

4. There must be an **identifiable relationship** between the requested accommodation and the individual’s disability. Please explain how this accommodation will assist the disabled Household Member with 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.) **(Please do not disclose the type of disability.)**

5. To get to my appointments, I **mostly** rely on (please check one.):
 My Car WBHA Transportation Bus Taxi Shared Ride Program Ride Walk Online

AUTHORIZATION

I/We authorize the WBHA to verify that the above referenced Household Member has a disability and I/we need the reasonable accommodation(s) requested. To verify this information, the WBHA may contact the below-named physician, psychiatrist, licensed psychologist, licensed nurse practitioner, licensed social work, rehabilitation professional, or non-medical service agency whose function is to provide services to the disabled.

Name of Provider Field of Practice

Agency/Clinic/Facility

Street City State Zip Code
(_____) (_____)
Phone Fax

I/We understand that the information obtained by the WBHA will be kept completely confidential and used solely to make an evaluation and determination on this reasonable accommodation(s) request.

X

Signature of Head of Household Date

X

Signature of Household Member needing the accommodation(s) (only if 18 years old or older) Date

Please return this form as soon as possible so that the WBHA may make a determination on this request.