

## Reasonable Accommodation and Modification Request

- If you or anyone in your family is a person with a disability and require an accommodation (including a reasonable modification) to fully utilize our programs and services, you may use this form to make a request.
- A reasonable accommodation request may be submitted at any time.
- All reasonable accommodation requests are reviewed on a case-by-case basis.
- Barring exceptional circumstances, our goal is to:
  - Acknowledge all requests within five (5) business of receipt; and
  - Provide a substantive written response within 15 business days of receiving the request or the most recent discussion about the request.

**How to submit a reasonable accommodation request:**

- You can submit your reasonable accommodation to any employee or person providing services on behalf of Home Forward. You can do this in any way, including mail, email, or hand delivery.
- To expedite your request, we encourage you to submit your request to the following staff:
  - If you live in Home Forward housing: your property management office
  - If you receive rent assistance, including Housing Choice Voucher holders: the rent assistance staff person assigned to you
  - If you are an applicant: any staff person connected to the building or program you are applying for

**Instructions:**

- Page 1 - Complete by you or someone on your behalf.
- Page 2 - Complete by a reliable third-party who is competent to verify the request.

### Request

Head of Household Name:

Current Address:

City:

State:

Zip Code:

Phone:

**Name of person needing an accommodation:**

**Please describe the reasonable accommodation requested** (use additional pages if needed):

**Please describe why the accommodation is needed** (use additional pages if needed):

### Certification and Authorization for Release of Information

- I certify that the information in this request is true and accurate.
- I give Home Forward permission to talk with the person verifying this request.

Head of Household Signature:

Date:

### Home Forward Use Only

Property/Program:

Tcode:

## Verification of Disability and Need for Reasonable Accommodation and Modification Request

**Instructions:**

- This page is to be completed by a person identified by the family who is competent to verify that the family member is a person with a disability-based need for the accommodation or modification.
- This person may be a medical professional, a peer support group, a non-medical service agency, or a reliable third-party who is in a position to know about the individual's disability.

**Duty to Reasonably Accommodate:** Home Forward is legally required to make reasonable accommodations (including modification) in rules, policies, practices, services, or structures when such accommodations are necessary to afford a person with a disability equal opportunity to use and enjoy our housing, programs, and services.

**Definition of Disability:** Applicable law defines "disability" as:

1. A physical or mental impairment which substantially limits one or more major life activities;
2. A record of having such an impairment; or
3. Being regarded as having such an impairment.

**Name of person needing the accommodation** (please print):

**Please describe what kind of accommodation is needed due to a disability** (use additional pages if needed):

**Please describe why the accommodation is necessary to assure equal opportunity to use and enjoy Home Forward's housing, programs, and/or services** (use additional pages if needed):

**Please verify the above requested accommodation is:**

1. Related to the requester's disability as defined above  **Yes**  **No**
2. Necessary to provide the requester with an equal opportunity to participate in and use our housing, program(s), and/or services.  **Yes**  **No**

### Certification

*I certify the information in this Verification of Disability for Reasonable Accommodation Request is true and accurate.*

Signature:	Date:
Name Printed:	Phone:
Title/Qualification:	Fax:
Agency/Office Address:	