



Applicant/Resident Request for Reasonable Accommodation/Structural Modification Form

Residents: Please let property management staff know if you need assistance in filling out this form.
Applicants: Please complete this form in its entirety and return it to the CHA by email at RA@thecha.org.

Circle one: Applicant Resident

Date of Request: \_\_\_\_\_

1) Name of applicant/resident needing the accommodation:

Name: \_\_\_\_\_ Applicant/Client # \_\_\_\_\_

Phone: \_\_\_\_\_ Address: \_\_\_\_\_

2) What accommodation(s) are you asking for? (Please be specific)

[ ] A change or special feature in the unit, building, and/or property (i.e. grab bars, live-in aide, accessible unit).

\_\_\_\_\_
\_\_\_\_\_

[ ] Adjustment to rules, communication methods, and/or procedures of the CHA (i.e. assistance animal).

\_\_\_\_\_
\_\_\_\_\_

3) How would the accommodation(s) help you? (Please be specific)

\_\_\_\_\_
\_\_\_\_\_

Signature of Property Manager if Need for Accommodation is Observed and Approved:

x \_\_\_\_\_

Please Note: If you, the Property Manager, are signing the above statement, you do not have to send this form or the Certification of Need form to the Knowledgeable Professional.

4) Please list the contact information of the knowledgeable professional who can verify that you have a disability warranting the accommodation(s).

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_





5) Release of Information:

I certify that the information in this Reasonable Accommodation is true and accurate. I give CHA permission to talk with my knowledgeable professional about my request.

\*Please note that the knowledgeable professional named above will receive a copy of this form.

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

**FRAUD AND FALSE STATEMENTS**

Title 18, Section 1001 of the U.S. Code states that a person whom knowingly and willingly makes false and fraudulent statements to any department of the United States Government, HUD, a public housing authority (PHA), and any owner (or employee of HUD, the PHA, or the owner) may be subject to penalties that include fines and/or imprisonment.

If you have any questions that your Property Manager could not answer about filling out this form, please call the Department of Housing Rights and Nondiscrimination at voice telephone (312) 913-7072 or TTY (708) 714-9131.

*A copy of this form must be sent to the CHA's Department of Housing Rights and Nondiscrimination.*

For CHA Staff Use Only:

Need Department of Housing Rights and Nondiscrimination Review & Recommendation

Approved at Property. Send as FYI to Department of Housing Rights and Nondiscrimination

EXPEDITE. (Please check the box if the request should be considered on an emergency basis.)

