



PROVIDENCE HOUSING AUTHORITY

100 BROAD STREET
PROVIDENCE, RI 02903-4129
Tel. (401) 751-6400
Fax (401) 351-1191

Form with checkboxes for 'New Request' and 'Renewal'



PUBLIC HOUSING PROGRAM

Family Request for Reasonable Accommodation

(THIS FORM IS AVAILABLE IN LARGER FONT OR ALTERNATIVE FORMAT UPON REQUEST)

PLEASE PRINT CLEARLY

Head of Household: _____ TDD/Phone: _____

Address: _____ State/Zip: _____

Currently, I am:

- Options: An applicant on the waiting list for the Public Housing program; A participant in the Public Housing program

Household member who needs accommodation: _____

The household member above has a disability because they have a physical, mental or emotional impairment that limits one or more life activities or has a record of having such an impairment.

Please fill out all the following information regarding the person who needs the accommodation(s). Please DO NOT submit medical records or provide confidential medical information regarding the nature or extent of the disability.

As a result of this disability, I am requesting the following reasonable accommodation (s) from the housing authority for the disabled household member listed above, please answer the following questions on the next page.



The Housing Authority does not discriminate on the basis of race, color, religion, sex, age, national origin, ancestry, familial status, disability, gender identity, sexual orientation, source of income, or marital status.

The person with a disability is requesting a **service or support animal**. Please answer the questions below.

1.a. Is the animal (a dog) required because of a disability?

Yes. If "Yes", answer question **1.b.** below.

No. If "No, skip to question #2.

1.b. Has the animal been trained to do work or tasks that assist or help you with the limitation(s) posed by your disability? Some examples include guiding an individual who is blind or has low vision, pulling a wheelchair, fetching items, or alerting persons to impending seizures, falls, or other medical crises.

Yes. (If "Yes", go to question 1.c.)

No. If "No, go to question #2.

1.c. What work or tasks has the animal been trained to do? Note that the PHA is not asking for proof or certification of training. **Do not provide medical information about the nature of your disability.**

As a result of this disability, the household member needs a support animal. *Please note that verification by a healthcare professional may be required.*

What type of support animal do you need? _____

The household member **needs a live-in aide**. *A live-in aide is needed because a daily in-home worker or rotating shifts are not equally effective. Please note that verification may be required.*

As a result of this disability, the household member needs the following reasonable accommodation(s) from the PHA. Please check one or more applicable boxes below:

Special unit features

Physical modifications to unit

Physical modifications to common areas

Transfer to another unit that meets my disability-related needs. Please

explain: _____

Extra bedroom for medical equipment. **Please note, if necessary, a PHA inspector may view the equipment to confirm that all sleeping and living spaces are not adequate as an accommodation.** Please explain need/type of medical equipment:

The household member needs a change in a rule, policy, or procedure. (**Note that fundamental requirements must still be met**). Please specify the necessary change.

I understand that the information obtained by the PHA will be kept completely confidential and used solely to make a determination on my reasonable accommodation request.

Under the lease and the PHA's Admissions & Occupancy Policy, the PHA requires that statements made and information provided by the tenant be true and accurate, to the best of the tenant's and/or applicant's knowledge.

I certify by signing below that all the information provided above is true, accurate and complete to the best of my knowledge.

Signature

Date

For PHA Use ONLY: PHA Certification

I certify that this individual's disability is obvious or otherwise known to the PHA and no further verification is required.

I certify that this individual's need for the accommodation is readily apparent or known to the PHA and no further verification is required.

Signature of PHA Official

Date

Approval of PHA 504 Coordinator

Date



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AUTHORIZATION

I/we authorize the PHA to verify that the above-referenced household member has a disability and that the accommodation(s) requested is necessary in order to remove or alleviate barriers to housing. To verify this information, the housing authority may contact the below-named knowledgeable professional (health care professional if the request is for a support animal) who is knowledgeable about my situation. I understand the information the housing authority obtains will be kept completely confidential and used solely to evaluate the request.

This authorization is requested because third-party verification may be needed.

Name of Professional: _____

Field of Practice: _____ Agency/Clinic/Facility: _____

Email: _____ Phone: (____) _____

Address: _____

X _____
Signature of household member needing the accommodation (only if 18 years of age or older) _____ Date

**** If the household member needing the accommodation(s) is under 18 years of age, are you the parent or guardian of household member needing the accommodation? Yes No**

X _____
Signature of head of household or authorized guardian ** _____ Date

Please return this form as promptly as possible to your Management Office so that the housing authority can make a determination on this request.



Tenant/Applicant to Complete