



**Regional Housing Authority of Sutter and Nevada Counties**

1455 Butte House Road, Yuba City, CA 95993  
Phone: (530) 671-0220, Toll Free: (888) 671-0220  
TTY: (866) 735-2929, Fax: (530) 673-0775

**PARTICIPANT AUTHORIZATION FOR RELEASE OF INFORMATION**

List the name of the individual who can verify the disability and the need for the accommodation requested. This should be the individual providing professional services that relate to the disability.

Agency/Practice Name: \_\_\_\_\_ Physician/Professional: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

The Housing Authority will mail a verification form to this individual. Hand-delivered verification will not be accepted. I understand that the information obtained by the RHASNC will be kept confidential and used solely to make a determination on my reasonable accommodation request.

I hereby request that you furnish the Housing Authority information regarding the person listed above. I understand that this information will be kept confidential and will be used only for the program purposes.

Signature of Head of Household: \_\_\_\_\_

Signature of Other Adult with Disability: \_\_\_\_\_

Relationship to Disabled Person: \_\_\_\_\_ Date: \_\_\_\_\_

*\*\*If on the behalf of a minor child, please indicate whether you are the parent or guardian. Where the individual with the disability is over 18 and not head of household, he or she should also sign the Request for Reasonable Accommodation form.*

**RHASNC USE ONLY**

Approved  Denied

Explanation:

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

Housing Services Manager: \_\_\_\_\_ Date: \_\_\_\_\_



**The Housing Authority is an equal opportunity employer and housing provider.**





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### REASONABLE ACCOMMODATION REQUEST FORM

The definition of a "person with a disability" for purposes of non-discrimination and the right to a reasonable accommodation is a person who has a physical or mental impairment that substantially limits one or more major life activities; a record of having such an impairment; or being regarded as having such an impairment.

*The term "substantially limits" suggests that the limitation is "significant" or "to a large degree." The term "major life activity" means those activities that are of central importance to daily life, such as seeing, hearing, walking, breathing, performing manual task, care for one's self, learning, and speaking. This list of major life activities is not exhaustive.*

Head of Household Name: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

#### **THIS SECTION TO BE COMPLETED BY THE PARTICIPANT**

Reasonable Accommodation request completed on behalf of: (check one of the following)

Head of Household     Family Member: \_\_\_\_\_

Please explain the reason you are requesting a reasonable accommodation and how it relates to a disability (as defined above):

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The reasonable accommodation requested for the individual with the disability is:

- An increase in my voucher/unit size due
- A live-in aide
- Other reason: (you must specify reason(s) for your request below)

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