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

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 regarding 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):

_____

_____

_____

_____

_____

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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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: _____

_____ Fax 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.