

**HOUSTON HOUSING AUTHORITY**  
**REQUEST FOR REASONABLE ACCOMMODATION**

*Upon Request, this notice and the Reasonable Accommodation Policy & Procedures  
will be made available in an alternate format.*

Please refer to the attached “504 Reasonable Accommodation Housing Policy and Procedures” to determine whether you or a household member is a qualified “individual with a disability.” If you would like to request a reasonable accommodation on behalf of yourself or a member of your household, please complete this form. You must fill in the information requested, sign your name, and the date, and return the completed form to Kathryn Van Nostrand, Houston Housing Authority (Housing Authority) 504/ADA Administrator, 2640 Fountainview, Houston, Texas 77057, or the Property Manager’s Office. If you need assistance in understanding whether you or a member of your household is a qualified “individual with a disability” or if you would like assistance in completing this form, please contact your development’s property management office or the Housing Authority 504/ADA Administrator (713.260.0528 / 713.260.0547(TTY)).

**PLEASE FILL OUT EVERY BLANK. FORMS NOT COMPLETELY FILLED OUT WILL BE RETURNED.**

Head of Household Name: \_\_\_\_\_ Client # \_\_\_\_\_

Are you already a resident of Public Housing?  Yes  No Or on the PH waiting list?  Yes  No

Are you already a participant in Section 8?  Yes  No Or on the Section 8 waiting list?  Yes  No

Head of Household Social Security Number: \_\_\_\_\_

Name of applicant, resident, or program participant requiring accommodation:

Address: \_\_\_\_\_ Apt. # \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number of applicant: \_\_\_\_\_

**Please answer each of the following questions:**

1. As the result of a disability, I am requesting the following reasonable accommodations: *You must check one or more boxes then explain in the blanks;*

A change in apartment or other part of the housing development as specified below: \_\_\_\_\_

A change in or exception to a rule, policy, or procedure as described below (Note: a change in meeting the terms of the lease may be requested, but the terms of the lease must be met.): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other – Please specify what you need: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. These accommodations are necessary because: \_\_\_\_\_  
\_\_\_\_\_
3. What features or conditions must be present in the housing unit where the individual with a disability will live? \_\_\_\_\_  
\_\_\_\_\_
4. How will these features or conditions meet the needs of the individual with a disability: \_\_\_\_\_  
\_\_\_\_\_
5. **If you are already a Housing Authority Public Housing resident**, you may request a physical modification to your current housing unit or a transfer to a housing unit in your development or another development that has been previously modified to be accessible. The Housing Authority will work with you to determine how to best fulfill your reasonable accommodation request. Please indicate which of the following options are your first choice, second choice, and third choice by ranking them as 1, 2, or 3:  
  
\_\_\_\_\_ I prefer having modifications made to my current housing unit.  
  
\_\_\_\_\_ I prefer moving to an accessible housing unit in my current development.  
  
\_\_\_\_\_ I prefer moving to an accessible housing unit in another development.

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If the reasonable accommodation request is for a Live-in Aide, the ***Live-in Aide Agreement*** must also be completed, signed by the Head of Household and the Live-in Aide, submitted to the Housing Authority for verification and approval. Section 8 program participants shall also obtain their landlord’s approval for a Live-in Aide prior to the Live-in Aide occupying the premises.

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**Authorization for Release of Information**

The Housing Authority may require documentation to support your reasonable accommodation request. An individual with a disability means an individual who has a physical and/or mental impairment that substantially limits one or more major life activities. A physician, psychiatrist, licensed psychologist, licensed nurse practitioner, licensed social worker, rehabilitation professional, a non-medical service agency whose function is to provide services to the disabled, or any appropriately qualified expert may provide verification of the disability-related need. The verification of the disability-related need must be sent directly to the Houston Housing Authority.

THIS PAGE MUST BE COMPLETELY FILLED OUT OR IT WILL BE RETURNED TO YOU.

I, \_\_\_\_\_ (your name) hereby authorize \_\_\_\_\_ (name of physician, psychiatrist, licensed psychologist, licensed nurse practitioner, licensed social worker, rehabilitation professional, or non-medical service agency whose function is to provide services to the disabled) to release disability-related need information for \_\_\_\_\_ (name of household member with a disability) to the Houston Housing Authority.

The Authorization solely authorizes the release of information necessary to verify the following:

- 1) Documentation necessary to verify that the above-named individual meets the definition of a “qualified individual with a disability”, as defined above;
- 2) A description of the needed reasonable accommodation(s); and,
- 3) A description of the identifiable relationship between the individual’s disability and the requested reasonable accommodation(s).

This authorization is limited to providing only documentation that is necessary to verify that I meet the definition of a “Qualified Individual with a Disability”, as defined above. This Authorization for Release of Information should only seek information that is necessary to determine if the requested reasonable accommodation is needed because of a disability. This Authorization does **not** authorize the Public Housing Authority to examine my medical records; nor does this authorize the release of detailed information about the nature or severity of my disability to the extent such examination is unnecessary to verifying the above listed information.

**Please fill in the licensed professional information below:**

Name and title of person providing verification: \_\_\_\_\_

Name of the Agency, Facility, or Institution: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ FAX Number: \_\_\_\_\_

The verification information will be kept confidential and used only to evaluate the request for a disability-related reasonable accommodation. The parent or guardian must sign for an individual with a disability who is under 18 years of age.

Signature of individual with disability or head of household: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Witness: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_