



1300 Broad Street N
Jacksonville, FL 32202

Phone: 904-552-5952

JaxHA.org   

REQUEST FOR REASONABLE ACCOMMODATION FOR A PERSON WITH A DISABILITY

PLEASE PRINT CLEARLY

Head of Household: _____ Phone: _____

Address: _____ State/Zip: _____

Email Address: _____ Client ID: _____

Currently, I am:

- ☐ An applicant on the waiting list for
☐ Public Housing ☐ Section 8 (Housing Choice Voucher)
- ☐ Currently living in Public Housing
- ☐ Currently living in Section 8 (Housing Choice Voucher)

Household member who needs accommodation: _____

The household member above has a disability because he or she has a physical, mental or emotional impairment that substantially limits one or more major life activities, is an individual who is regarded as having such impairment, or has a record of having such impairment.

You can request a reasonable accommodation or modification without the use of any form. This form is not required. This form is provided as a guide to help you explain what you need and why and to help the JHA evaluate whether your request is reasonable. A person can request an accommodation or modification simply by asking out loud, but it can be helpful if you do make your request in writing so that you have a record of it.

Please complete the applicable sections below regarding the individual who needs the accommodation(s) directly related to their disability. The law requires that housing providers make physical changes that are necessary for a disabled person to use and enjoy their housing (a.k.a. "reasonable modifications"), such as installing grab bars in bathrooms or a wheelchair ramp. There is no set list of accommodations or modifications; they can be whatever a disabled person needs to enjoy their dwelling as long as they are reasonable. It is important for you to explain how the requested accommodation or modification will accommodate your disability in order for JHA to evaluate your request.

If you are a Section 8 participant, any unit modifications are between you and the landlord. JHA is not responsible to notify your landlord of your request. JHA is not responsible for the fulfillment or funding of your request for any unit modification.

Please DO NOT submit medical records.

Por favor, póngase en contacto con la oficina si usted necesita este documento traducido o si necesita un intérprete. Este servicio se ofrece sin costo alguno en relación con los negocios de la agencia.

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Head of Household: _____

As a result of the disability of the disabled household member listed on Page 1, I am requesting the following reasonable accommodation(s) from the JHA for the disabled household member. Please check one or more boxes below.

- ☐ **Public Housing ONLY:** a) Special unit features, b) Physical modifications to common areas, c) Transfer to another unit that meets my needs, or d) Other. Please provide details. Provide additional pages if necessary.

- ☐ **Public Housing or Section 8:** The household member needs a Live-in Aide. Please request Live-in Aide forms from JHA staff member.

- ☐ **Section 8 ONLY:** a) Exception payment standard, b) Higher utility allowance, c) Longer search time to find housing, d) Rent from a relative, e) Other (please give details below).

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

FRAUD AND FALSE STATEMENTS

Title 18, Section 1001 of the U.S. Code states that a person who knowingly and willingly makes false and fraudulent statements to any department of the United States Government, including the Department of Housing and Urban Development (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.

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AUTHORIZATION

I/we authorize the Jacksonville Housing Authority to verify that the household member listed below has a disability and needs the reasonable accommodation(s) requested. To verify this information, the Jacksonville Housing Authority may contact the below-named physician, psychiatrist, licensed psychologist, licensed nurse practitioner, licensed social worker, rehabilitation professional, or non-medical service agency whose function is to provide services to persons with disabilities. I understand the information the Jacksonville 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. Be advised that you may submit any supporting documentation directly to the JHA rather than having the JHA contact your provider, in order to evaluate your request.

Name of Provider: _____ Field of Practice: _____

Agency/Clinic/Facility: _____

Address: _____

Phone: (_____) _____ Fax: (_____) _____

X _____
Signature of Head of Household or authorized Guardian * Date

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

Print name of Household Member needing the accommodation

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

Please return this form as promptly as possible so that the Jacksonville Housing Authority may make a determination on this request.

Property Manager/Housing Counselor	Date
Phone	Email
Fax	
Address	

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