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Para adquirir la versión traducida, por favor comuníquese al 312-935-2600.

REQUEST FOR REASONABLE ACCOMMODATION FORM

If you need this document in a different language or LARGER FONT or if you need a reasonable accommodation (persons with disabilities), please call 312-935-2600 or TTY: 312-461-0079. Advance notice of seven days is required in order to arrange for interpreter services.

Date of Request: _____

Name (Head of Household): _____ Voucher #: _____

Address: _____ City, State, ZIP Code: _____

Who is requesting the accommodation? [] Head of Household
[] Household Member: _____ (Name)

Note: The person requesting the accommodation must meet federal discrimination laws' definition of disabled.

1. What accommodation(s) are being requested? (Please be specific)

[] Extra time to locate to a unit due to disability related reasons. Please explain the hardship you have faced due to your disability in finding a unit in the past and demonstrate the connection between your disability and the need for the extension.

[] Lease a unit owned by a relative. Please describe why renting from a relative will assist you. Note: This same relative MAY NOT actually live in the unit with the participant requesting the accommodation.

[] Additional Utility Allowance. For medical equipment that uses extra electricity.

[] Extra bedroom for a person with a disability. Please explain why you need an extra bedroom and submit additional documentation to sufficiently justify the request.



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Extra bedroom for equipment. Please specify, in detail, the type and size of the equipment.

HomeMod Fund assistance. Please provide a brief description of the modifications needed to make your home more accessible.

Adding a Live-In Aide. I require a person to live in the unit with me to administer care. This person is not just visiting help and does not come and go in specific shifts.

Note: The Live-In Aide has no rights to the voucher or unit and is prohibited from becoming a family member. In addition, their income is not counted toward the rent calculation for the household.

Special communication. For either a person with visual impairments (written material in alternate formats, such as large print) or hearing impairments (sign language interpretation services at meetings with CHA).

Other policy or rule change needed. Please explain below.

Note: If necessary, HCV Program staff **may** fill in the name, voucher number and requested accommodation on behalf of the participant.

Signature of HCV Program staff, if applicable: X_____



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2. Please list the contact information of the knowledgeable professional who can verify that you have a disability warranting the accommodation(s).

Name: _____ Title: _____

Address: _____

Telephone Number: _____ Fax Number: _____

Email Address: _____

3. Release of Information:

I certify that the information provided on this form is true and accurate. I give CHA permission to discuss the requested accommodation with my knowledgeable professional.

Note: The knowledgeable professional listed will receive a copy of this form.

Signature of Participant

Date

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 or employee of the United States Government, HUD, a Public Housing Authority or a property owner may be subject to penalties that include fines and/or imprisonment.

If you have any questions, please contact the CHA Customer Call Center at 312-935-2600 or hcv@thecha.org or the Fair Housing Department at 312-913-7062 or fairhousing@thecha.org.