

## REQUEST FOR REASONABLE ACCOMMODATION

**INSTRUCTIONS:** The REQUESTOR completes and signs Section I. A qualified professional who has knowledge of the disability completes and signs Section II. The Housing Authority will review your request as soon as we receive this completed form.

### SECTION I. REASONABLE ACCOMMODATION REQUEST

|  |               |
|--|---------------|
| Name of Disabled Individual                                  | Address       |
| Last Four Digits of Social Security Number<br>XXX-XX-        | Phone number: |
| Please <u>describe</u> the accommodation you are requesting: |               |

### CERTIFICATION

The person filling out this form is:  The individual in need of an accommodation  
 An authorized representative of the Disabled Individual in need of an accommodation

I certify that by signing below, the person in need of the accommodation is a person with disabilities under the following definition:

- (1) An individual with a mental or physical impairment that limits one or more major life activities, or
- (2) An individual who is regarded as having such an impairment; or
- (3) An individual who has a record of such impairment.

**Release of Information Authorization** (completed by disabled individual or authorized representative)

**I hereby authorize the release of information regarding the need for a reasonable accommodation. I understand that the information the Housing Authority obtains will be kept confidential and used solely to determine if an accommodation should be provided.**

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### SECTION II. STATEMENT OF KNOWLEDGEABLE PROFESSIONAL

The above individual has indicated you are a qualified professional who is knowledgeable about his/her disability. He/she has signed the release above, authorizing you to confirm his/her statement of disability and resulting need for the reasonable accommodation stated above. Please take a moment to complete this portion of the form. You may use the back if necessary. Since you may be called for to confirm the necessity of this request, please keep a record of this form on file. Once complete, mail back to:

The Housing Authority of the County of Los Angeles  
700 W Main Street  
Alhambra, CA 91801

1. Is the accommodation requested necessary for the requestor to enjoy the use of their home or common grounds and/or have meaningful access to housing programs? (Please be specific):

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

2. Without disclosing confidential medical information or diagnoses, please explain the connection between the individual's disability and the requested accommodation:

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

3. Is there an alternative accommodation that would be as effective as the requested accommodation in removing any barriers to the requestor's housing?

\_\_\_\_\_

4. If the disability is temporary in nature, please provide an estimated date you expect the disability to end: \_\_\_\_\_

I certify that the individual in need of the above stated accommodation is a disabled individual who at minimum meets the definition of disability listed below:

- (1) An individual with a mental or physical impairment that limits one or more major life activities, or
- (2) An individual who is regarded as having such an impairment; or
- (3) An individual who has a record of such impairment.

**By signing below, I certify that the foregoing information is true and correct to the best of my knowledge.**

**Warning:** Any person who signs this statement and who willingly states as true, any matter which (s)he knows to be false, is subject to the penalties prescribed for perjury in Section 118 of the California Penal Code and Section 11054 of the Welfare and Institutions Code.

\_\_\_\_\_  
Print Name and Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State and Zip

\_\_\_\_\_  
Phone/Contact number