

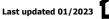
## **REQUEST FOR REASONABLE ACCOMMODATION**

A **reasonable accommodation** is a modification or change Berkshire Housing can make to its facilities, policies or procedures that will assist an otherwise eligible client with a disability an equal opportunity to participate in Berkshire Housing programs, facilities and services.

This form is intended for use by Berkshire Housing participants/applicants to request a reasonable adjustment in a rule, policy, or procedure because of their disability or a family member's disability.

This form may be filled out by the participant/applicant with a disability unless the individual is a minor or cannot as a direct result of his/her disability. In this case the participant's/applicant's designee may fill out the form. If you cannot complete this form and do not have a designee, please ask your Program Representative for assistance. This form may also be used by Berkshire Housing to document a verbal request for a reasonable accommodation.

	Head of Househ	old Information		
Date of Request		Phone number of Head of Household		
Head of Household Name		Date of birth	of Head of Household	
Head of Household Address	City, State		Zip Code	
Name of Individual for whom Accom	modation is being Requested	Relation to He	ead of Household	
Head of Household Status:	🗌 Program Participant 🗌 I	Program Applicant	Other	
information below.	or < <insert name="" raa="">&gt; Staff</insert>	Signature		
· · ·		Signature		
Address	City, State		Zip Code	
Telephone		Relation to the Individua	al for whom the Accommodation is requested	
	REASONABLE ACCOM	MODATION REQUES	Т	
1. Enter the type of reasonal	ble accommodation requested: _			
2. The reasonable accommo	dation is requested for (Name of	f Household Member):		





- 3. The reasonable adjustment(s) is needed as a result of a disability. **Please note that there must be a** *reasonable* **connection between the disability and the reasonable adjustment(s) request.** Check the reasonable adjustment(s) needed:
  - Method of communication between Berkshire Housing and the individual needing the adjustment (Please list the communication method you need. For example, I am deaf and need a sign interpreter. Please be specific –use the other side of this paper, if necessary.)

Adjustment to Berkshire Housing rules, policies, and/or procedures.	(Please be specific—use the other side of
this paper, if necessary.)	

4. You may verify the disability (but not the nature or severity) and that the need for this request is a direct result of the disability. The designated knowledgeable professional may provide the information requested in order to verify the disability and need for this request. The name and address of the knowledgeable professional is provided below.

Name:	Title:		
Address:			
Street	City	State	Zip Code
Telephone Number:			

## Authorization for Release of Information

## To the Knowledgeable Professional(s) that I have named above:

I give Berkshire Housing permission to contact the above individual(s) for purpose of verifying that I or a family guardianship member who is а minor or under my have/has а disability and needs the reasonable accommodation/structural modification requested above as a direct result of this disability. Do not provide the nature

or severity of the disability. I understand that the information Berkshire Housing obtains will be kept completely confidential and used solely to determine if Berkshire Housing will provide me with the requested reasonable accommodation.

Please note that the knowledgeable professional named above will receive a copy of this form. Additionally, Berkshire Housing may contact the identified knowledgeable professional for further verification and/or clarification of information provided in either this form or the knowledgeable professional's completed certification.

Signature of Requestor

Date

The Federal Fair Housing Act prohibits discrimination in housing based on color, race, religion, national origin, sex, familial status, or disability.

## FRAUD AND FALSE STATEMENTS

WARNING! Title 18, Section 1001 of the United States Code, states that a person which knowingly and willingly makes false and fraudulent statements to any department of the United States Government, 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 or imprisonment.

If you have any questions please contact your Program Representative at:

