



Scottsdale Housing Agency
Paiute Neighborhood Center
6535 E. Osborn Rd., Bldg. 8
Scottsdale, AZ 85251

Phone 480-312-7717
Fax 480-312-7761
TDD 480-312-7411
Web www.ScottsdaleAZ.gov search "HCV"

REQUEST FOR REASONABLE ACCOMMODATION – TENANT FORM

Applicant/Resident: _____ Date of Request _____
Address: _____
City/State/Zip: _____ Social Security Number _____
Phone Number: _____

The household member is a person with a disability or is elderly or near elderly (fifty years or older). Please check all that apply.

- The person receives SSI
- A health care professional will certify on a verification form that the person is disabled
- The person is elderly or near elderly

Please check if you need the extra bedroom for a live-in aide, or medical equipment, or other specified accommodation.

EXTRA BEDROOM FOR LIVE-IN AIDE

A live in aide is necessary to afford the household member equal use and enjoyment of the dwelling unit

- Yes No

A daily in-home worker is not equally effective as a reasonable alternative accommodation because:

EXTRA BEDROOM FOR MEDICAL EQUIPMENT: Describe medical equipment dimensions and/or functional or space requirements:

EXTRA BEDROOM FOR SPECIFIC REASONABLE ACCOMMODATION: Please specify the necessity of extra bedroom if not using the extra bedroom for medical equipment or a live-in aide:

OTHER SPECIFIC REASONABLE ACCOMMODATION: For example home visit, briefings over the phone or through the mail, etc.:





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Please provide independent verification from your doctor, licensed professional representing a rehabilitation center, disability agency, or clinic, or the supervisor of a case manager representing a disability agency or a health care professional with verification of the existence of your disability. (See Request for Reasonable Accommodation – Verification Form)

Doctor or professional health care provider's name: _____

Phone number: _____ Fax number: _____

I certify that the information in this Request for Reasonable Accommodation is true and accurate. I give the Scottsdale Housing Agency permission to talk with my physician or licensed professional about my need for a reasonable accommodation request.

Applicant/Resident Name

Applicant/Resident Signature

Date

Please return this form to:
Housing Coordinator
Scottsdale Housing Agency

FOR PHA USE ONLY:

Approved Denied

Staff Name

Staff Signature

Date





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REQUEST FOR REASONABLE ACCOMMODATION – VERIFICATION FORM

Important: This form may only be completed by a doctor, licensed professional representing a rehabilitation center, disability agency, or clinic, or the supervisor of a case manager representing a disability agency.

To the Health Care Professional:

Your client is a household member of a family that has applied for or is receiving federally subsidized housing assistance. The person has requested a live-in aide and/or an extra bedroom as a disability accommodation. A disabled, elderly, or near elderly (50 to 61 years of age) person may be eligible to add a person to the unit or add an additional bedroom as a reasonable accommodation if it is demonstrated that the accommodation is necessary to afford the person an equal opportunity to use and enjoy his/her residential unit.

We ask that you carefully review this patient’s request and verify that, in your professional opinion, there are facts that substantiate the information supplied on the Request for Reasonable Accommodation Form. If your client’s request is granted the housing agency will allow the family an extra bedroom for medical equipment or not count the live-in aide’s income in calculating the family portion of the rent. This affects the total number of families the housing agency can assist. Many other people on the wait list are also deserving of housing assistance, so we ask that you give careful, reasonable thought to this matter. Thank you.

The Scottsdale Housing Agency is required by law to provide reasonable accommodations to disabled applicants, residents, and participants that will facilitate their ability to function and provide equal opportunity to use and enjoy our housing programs. Applicable federal and state law defines “disability,” with respect to the individual, as: (1) a physical or mental impairment which substantially limits one or more of such person’s major life activities; (2) a record of having such an impairment; (3) being regarded as having such an impairment; but such term does not include current, illegal drug use or addiction to a controlled substance. Major life activities are defined as functions such as caring for one’s self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning and working.

_____ due to a disability, has the following functional limitations:

CLIENT’S NAME

_____ and requests that Scottsdale Housing Agency provide the following reasonable accommodation to give equal access to housing. An explanation of why each accommodation is needed is included: (Use additional sheet, if necessary)

Does the client meet eligibility requirements for a reasonable accommodation?

Yes No

Does the client have a physical or mental impairment that substantially limits one or more major life activities?

Yes No





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Is this condition deemed permanent? [] Yes [] No

EXTRA BEDROOM FOR LIVE-IN AIDE REQUEST

In reviewing the client's file, is it your professional opinion that the live-in aide is necessary to afford the client an equal opportunity to use and enjoy their dwelling unit?

[] Yes [] No

Please state why an in-home worker would not be an equal alternative to a live-in aide.

Two horizontal lines for text input.

EXTRA BEDROOM FOR MEDICAL EQUIPMENT AS A REASONABLE ACCOMMODATION

In reviewing the client's files, is it your professional opinion that the client needs an additional bedroom for medical equipment or assistive device?

[] Yes [] No

If yes, please provide the medical equipment dimensions and/or functional requirements.

Two horizontal lines for text input.

OTHER REASONABLE ACCOMMODATION

In reviewing the client's files, is it your professional opinion that the client has a specific need for a reasonable accommodation? Please specify the accommodation need.

Two horizontal lines for text input.

Print Name

Signature

Date

Title

Phone

Address/City/State/Zip

