

East Hartford Housing Authority
Reasonable Accommodation Request Form

Resident/Applicant Information

Date of Request: _____

Name of Resident/Applicant: _____ Phone #: _____

Address: _____

Resident/Applicant Request:

Under Section 504 and Fair Housing Act, a "disability" is a physical or mental impairment, which substantially limits one or more of a person's major life activities, a record of having such impairment, or being regarded as having such an impairment.

1. Do you or a family member have a disability, as defined by the Fair Housing Act?: YES _____ NO _____
2. If yes, do you or the family member, because of this disability, need an accommodation in any rules, policies, practices, or services or need a structural modification to East Hartford Housing Authority unit/property to have equal opportunity to use and enjoy your home? YES _____ NO _____
3. Please Describe the accommodation/modification you are requesting: _____

4. Is there a connection (nexus) between your disability and your request? YES _____ NO _____
5. If yes, please explain the connection (nexus) _____

Please be advised that to grant your requested accommodation you or your family member must be considered a disabled person under the Fair Housing Act. Additionally, a *Third-Party Professional* must verify you or your family member are considered disabled under the Fair Housing Act as described above and can qualify the connection (nexus) between your disability and your requested accommodation.

Resident/Applicant Signature: _____ Date: _____

By signing above, I do hereby swear and attest that all the information above is true under penalty of perjury.

*****Warning:*** 18 U.S.C. 1001 provides, among other things, that whoever knowingly and willfully makes or uses a document or writing containing any false, fictitious or fraudulent statement or entry, in any matter within the jurisdiction of any department or agency of the United States, shall be fined not more than \$10,000, imprisoned for not more than 5 years, or both**

Please be advised, upon Receipt of this request, you will be notified in writing that your request has been received and has been mailed to the third-party professional listed on the back of the form. Once your third-party professional has returned the verification form to EHHA, we will review the request and the verification of the need for your requested accommodation. EHHA will notify you in writing if your accommodation has or has not been approved within 30 days.

Back side of form: Resident/Applicant Release to Third Party Professional – Third Party Professional verification of needed accommodation.

Reasonable Accommodation/Modification Verification Form

The East Hartford Housing Authority is committed to the letter and spirit of Section 504 of the Rehabilitation Act and the Fair Housing Act, which among other things, prohibits discrimination against persons with disabilities. In accordance with our statutory responsibilities and program accessibility policies, we will make reasonable accommodations in our rules, policies, practices, or services, when such accommodations may be necessary to afford persons with disabilities an equal opportunity to use and enjoy their housing communities. In addition, we will provide reasonable modifications to the apartments and common area if necessary for the use by our residents. If you are requesting such accommodation or modification, please sign and date below giving authorization to the third-party professional you chose to verify the need for the accommodation. **Additionally, please fill out the name, address, and phone number of the third-party professional EHHA is to mail this form to.**

Resident/Applicant

Third Party Professional Name and Address

Print Name Resident/Applicant

Signature of Resident/Applicant

Date of Authorization of Release of Information

Phone Number: _____

****Third Party Professional – Resident/Applicant signature above authorizes the release of the information below****

Verification of the Need for A Reasonable Accommodation by Third Party Professional

Under Section 504 and the Fair Housing Act, a “disability” is a physical or mental impairment, which substantially limits one or more of a person’s major life activities, has a record of having such impairment, or being regarded as having such an impairment. Additionally, to be eligible for a Reasonable Accommodation, **the Third-Party Professional** must verify the connection (nexus) between the disabled person’s disability and the requested accommodation.

1. Does the Resident/Applicant have a disability as defined by the Fair Housing Act? YES _____ NO _____
2. If yes, does this Resident/Applicant, because of this disability, need an accommodation in any rules, policies, practices, or services or need a structural modification to East Hartford Housing Authority property to have an equal opportunity to use and enjoy his/her home? YES _____ NO _____
3. If yes, please describe the accommodation/modification needed and the connection (nexus) between the Resident/Applicant’s requested accommodation (stated on the front of this form) and their disability:

4. If necessary, would you be willing to testify under oath to the information YOU have provided above? YES NO

Name, Address, & Signature of Third Party Professional completing this form:

Name: _____

Position: _____

Address: _____

Phone #: _____

Date: _____

Signature of Verifying Professional: _____

By signing above, I do hereby swear and attest that all the information above is true under penalty of perjury.

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