

REQUEST FOR REASONABLE ACCOMMODATION

I, _____, request approval from the Santa Ana Housing Authority (SAHA) for Member Name: _____, who is elderly, near elderly, or disabled person, that needs a reasonable accommodation(s) to fully participate in the Housing Choice Voucher Program. I'm requesting the following (check all that apply)

- 1) A live-in aide.
- 2) An extra bedroom for medical equipment. Please describe medical equipment: _____
- 3) Voucher Extension
- 4) Absence from unit for medical reason (attached verification) from: _____ to _____
- 5) In-Home Appointment
- 6) Other (Please specify): _____

This release authorizes you to (1) complete the certification of need for reasonable accommodation and (2) release information directly to the Santa Ana Housing Authority on this form to document the need for the accommodation.

Signature: _____ Date: _____

THIS SECTION IS TO BE COMPLETED BY A KNOWLEDGABLE PROFESSIONAL

Is the above named person a "Person with a Disability"? Yes ___ No ___

A "person with a disability" is defined as a person who:

- a. Has a physical or mental impairment that substantially limits one or more major life activities, or
- b. Has a record of having such an impairment, or
- c. Is regarded as having such an impairment.

Does this person need a live-in aide? Yes ___ No ___

A live-in aide is defined as 1) is determined to be essential to the care and well-being of the person; 2) Is not obligated for the support of the persons; and 3) would not be living in the unit except to provide the necessary supportive services.

Please explain below how the accommodation is related to and is necessary due to the disability (please **DO NOT** include information about the individual's medical condition, diagnosis, or prognosis).

Print Name: _____

Date: _____

Signature: _____

Phone: (____) _____

Title: _____

Address: _____

License Number: (If applicable) _____

PENALTIES FOR MISUSING THIS CERTIFICATION FORM:

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. A person may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$10,000 or imprisonment for not more than 5 years, or both.

PLEASE COMPLETE, SIGN, DATE AND RETURN THIS FORM TO:

SANTA ANA HOUSING AUTHORITY
P.O. BOX 22030, SANTA ANA, CA 92702
PHONE: (714) 667-2200 ; FAX: (714) 547-5411

SAHA OFFICIAL USE ONLY

I, _____ certify that the participant's disability is readily apparent or known to me. No further verification is needed.

Type of Request: New ___ Annual ___

Reasonable Accommodation Committee Decision:

Approved: _____ Denied: _____ Date: _____

Approved: _____ Denied: _____ Date: _____