



# Housing Authority of the City of Raleigh, North Carolina

## Leased Housing

Priscilla B. Batts  
Director of  
Leased Housing

900 Haynes Street  
Raleigh, NC 27604

Applications  
(919) 831-6387

Section 8 HAPP  
(919) 831-6620

### APPLICANT/TENANT REQUEST FOR REASONABLE ACCOMMODATION

This Form Must Be Completed By the Applicant or Tenant \*Not the Health-Care Provider\*

RHA will accept doctor's notes; however, a 504 verification form may be sent as RHA's form of verification.

(PLEASE PRINT)

Applicant/Tenant Name: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Request Date: \_\_\_\_\_

I/We hereby request the following reasonable accommodation. (Please **check** the appropriate section and complete the reason for the request. *Applicant/Tenant must complete this portion*):

- Live-in aide    Upgrade Voucher Size    Handicap accessible unit    Bedroom for Medical Equipment
- Unable to Attend Required Annual Recertification Appointment    Unable to Meet WTW Requirements

REASON FOR REQUEST: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### HEALTH-CARE PROVIDER INFORMATION (MUST BE COMPLETED IN ORDER TO SUBMIT REQUEST)

HEALTH-CARE PROVIDER NAME (DOCTOR): \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE \_\_\_\_\_

OFFICE PHONE#: \_\_\_\_\_ OFFICE FAX#: \_\_\_\_\_

WARNING: Section **1001** of the **Title 18** of the United States Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any departments of the United States Government.

Applicant/Tenant Name: \_\_\_\_\_ Date: \_\_\_\_\_

TURN OVER TO NEXT PAGE 

### AUTHORIZATION FOR RELEASE OF INFORMATION

FAX (919) 831-6919 \* TDD/TTY 1(800)735-8262 \* 900 Haynes Street Raleigh, NC 27604  
REVISED: 01/23/2012



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Consent: I authorize and direct any Federal, State, or local agency, organization, business, or individual to release to Raleigh Housing Authority (PHA) any information or materials needed to complete and verify my eligibility for and continued participation in a Federal housing assistance program. I understand and agree that this authorization or the information obtained with its use may be given to and used by the Department of Housing and Urban Development (HUD) in administering and enforcing program rules and policies.

I also consent for HUD or the PHA to release information from my file about my rental history to HUD credit bureaus, collection agencies, or future landlords. This includes records on my payment history, and any violations of my lease or PHA policies.

Information Covered: I understand that, depending on program policies and requirements, previous or current information regarding me or my household may be needed. Verifications and inquiries that may be requested include but are not limited to:

- |                              |                                  |                                |
|------------------------------|----------------------------------|--------------------------------|
| Identity and marital status  | Employment, income, and assets   | Residences and rental activity |
| Credit and criminal activity | Medical or child care allowances |                                |

I understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for and continued participation in a housing assistance program.

Groups or Individuals that May be Asked: The groups or individuals that may be asked to release the above information (depending on program requirements) include but not limited to:

- |  |  |                                  |
|--|--|----------------------------------|
| Past and present employers             | Veterans Administration                                | Social Security Administration   |
| Welfare agencies                       | Courts and post offices                                | State unemployment agencies      |
| Law enforcement agencies               | Retirement Systems                                     | Medical and child care providers |
| Schools and colleges                   | Utility companies                                      | Support and alimony providers    |
| Banks and other financial institutions | Previous landlords (including public housing agencies) |                                  |

Computer Matching Notice and Consent: I understand and agree that HUD or the PHA may conduct computer matching programs to verify the information supplied for my application or recertification. If a computer match is done, I understand that I have a right to notification of any adverse information found and a chance to disprove incorrect information. HUD or the PHA may in the course of its duties exchange such automated information with other Federal, State, or local agencies, including but not limited to: State Employment Security Agencies; Department of Defense; Office of Personnel Management; the U.S. Postal Service, the Social Security Administration; and State welfare and food stamp agencies.

Conditions: I agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file with the PHA and will stay in effect for a year and one month from the date signed. I understand I have a right to review my file and correct any information that I can prove is incorrect.

_____	_____	_____
<i>Head of Household</i>	<i>(Print Name)</i>	<i>Date</i>
_____	_____	_____
<i>Spouse or Other adult members</i>	<i>(Print Name)</i>	<i>Date</i>

NOTE: This general consent may not be used to request a copy of a tax return. If a copy of a tax return is needed, IRS form 4506, "Request for Copy of Tax Form" must be prepared and signed separately.