

**Housing Authority of the City of  
Raleigh, North Carolina  
Leased Housing**

**Priscilla B. Batts**  
**Director of**  
**Leased Housing**

**Office:**  
**(919) 508-1105**

**APPLICANT/TENANT REQUEST FOR REASONABLE ACCOMMODATION**

REQUEST FOR REASONABLE ACCOMMODATION

The Raleigh Housing Authority (“RHA”) provides Reasonable Accommodations to applicants and participants with disabilities. A “Reasonable Accommodation” is a change, exception, or adjustment to a rule, policy, practice or service that is necessary for a person with a disability to have equal access to Housing Authority (“HA”) programs and services.

The request for the accommodation must:

- (1) Be Reasonable
- (2) Have a discernable link between the disability and the change
- (3) Not be an administrative or financial burden
- (4) Not alter the fundamental nature of the Voucher Program

A person must meet one of the criteria described below to be considered disabled by Section 504, the Fair Housing Act, or the ADA:

- (1) Have a physical or mental impairment that substantially limits one or more life activities
- (2) Have a record of such an impairment
- (3) Be regarded as having such an impairment

Please complete this form in order to request a reasonable accommodation. All requests are reviewed on a case-by-case basis and the HA considers all information provided on behalf of the disabled individual. All requests must be verified prior to approval.

By completing this form, the RHA is authorized to verify the disability and related need requiring accommodations requested.

1. The following individual is requesting an accommodation:

Name: \_\_\_\_\_ SS# \_\_\_\_\_ **Last 4 digits**

Relationship to Requestor: \_\_\_\_\_

Address: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Request Date: \_\_\_\_\_ E-mail: \_\_\_\_\_

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2. As a result of this disability, the following accommodation is being requested (check below):

A change to a rule, policy, or procedure. Note that a change in how to meet the terms of the lease may be requested but the terms of the lease must be met. Please specify:

\_\_\_\_\_

\_\_\_\_\_

Other Please specify: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. The request for reasonable accommodation is necessary because  
(Please specify): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. In order to verify this information, I authorize the HA to contact the following provider:

Name: \_\_\_\_\_

Title of third party provider: \_\_\_\_\_

Agency, Facility or Institution (If any): \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Completed forms should be returned by fax to (919) 508-1183, or by mail to Tina Townes, 900 Haynes Street, Raleigh, NC 27604.

I understand that the information obtained by the Housing Authority will be kept confidential and used solely to make a determination of the accommodation request. I certify that by signing below that the information provided above is true, accurate and complete to the best of my knowledge.

\_\_\_\_\_  
Requestor Signature

\_\_\_\_\_  
Date

**Fraud and False Statements**

Title 18, Section 1001 of the U.S. Code states that a person who knowingly and willingly makes false and fraudulent statements to any department of the United States Government, including the Department of Housing and Urban Development (HUD), a public housing authority (PHA), and any owner or employee, may be subject to penalties that include fines and/or imprisonment.

**Violence against Women Act (VAWA) Notification:** VAWA provides protections for victims of domestic violence, dating violence, stalking, or sexual assaults to prevent them from being admitted or from losing housing assistance *solely* as a result of being a victim. VAWA protections extend to all household members listed on a housing assistance application or lease agreement. Any time it is made known to RHA that an applicant, resident or housing choice voucher recipient is a victim of domestic violence, RHA will pause any negative subsidy actions to allow the victim time to provide documentation/verification of the abuse claims. RHA maintains the right to terminate assistance for good cause unrelated to VAWA incidents provided that the individual is not being held to a more demanding standard than others.

**Privacy Act Notice:** The collection, maintenance, use, and dissemination of SSNs, EINs, any information derived from SSNs and Employer Identification Number (EINs), and income information under this subpart shall be conducted, to the extent applicable, in compliance with the Privacy Act (5 U.S.C. 552a) and all other provision of Federal, State, and Local Law. ***This document, including attachments, is for the sole use of the intended recipient(s) and may contain confidential and privileged information. Any unauthorized review, use, disclosure or distribution is prohibit***