

**RALEIGH HOUSING AUTHORITY**  
**REASONABLE ACCOMMODATION/MODIFICATION REQUEST FORM**

Reasonable accommodations and modifications can be provided to applicants and participants with disabilities. These are provided as a change, exception, or adjustment that is necessary for a person with a disability to have equal access to programs or services.

**In order to be approved, accommodations and modifications must:**

- Be reasonable;
- Be made by or on behalf of a person with a disability;
- Have a discernable link between a disability and the request;
- Not fundamentally alter the nature of a program or service provided;
- Not violate any known laws, regulations or guidelines;
- Not negatively affect safety, structural or mechanical integrity (modifications only); and
- Comply with all essential lease requirements.

Please complete the form below to request a reasonable accommodation or modification. All requests will be reviewed on a case-by-case basis.

**The following individual is requesting an accommodation or modification be made:**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_ SSN #: XXX-XX-\_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

- Type(s) of accommodation/modification requested:  Live-In Aide       Bedroom Size Change  
 Service/ESA Animal       Voucher Extension (S8 Only)       Change in Rental Due Date  
 Transfer       Grab bars (PH/RAD Only)       Handheld Showerhead (PH/RAD Only)  
 Entrance Ramp (PH/RAD Only)       Strobe doorbell/fire alarm (PH/RAD Only)  
 Other: \_\_\_\_\_

Accommodation/modification is necessary because: \_\_\_\_\_

Length of Request (check one):       Temporary through \_\_\_\_\_       Permanent

All requests must be verified prior to decisions being made. Should additional information or verification be required for a decision, I authorize RHA to contact the following provider:

Name of Provider: \_\_\_\_\_

Title of Provider: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Provider's Address: \_\_\_\_\_

**Requester's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Completed forms should be returned to the Raleigh Housing Authority at the following locations:

By mail – 900 Haynes Street, Raleigh, NC 27604 By fax – (919) 831-6160

By email – [lmccann@rhaonline.com](mailto:lmccann@rhaonline.com)

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**To Be Completed by RHA Staff:**

Is the requester disabled as defined by Section 504, the Fair Housing Act, or the ADA?

Yes  No

Has this person's equal use and enjoyment of the home been diminished in direct connection with this disability? Yes  No

Has the requestor provided verification that the accommodation will correct the diminished housing use and/or enjoyment caused by the disability? Yes  No

Explain below: \_\_\_\_\_

\_\_\_\_\_

Staff's Recommendation(s): \_\_\_\_\_

\_\_\_\_\_

**Staff Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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**To Be Completed by Central Office Staff:**

Date Request Received: \_\_\_\_\_ Date of Decision: \_\_\_\_\_

Type(s) of Accommodations Provided: \_\_\_\_\_

\_\_\_\_\_

Reason(s) for Decision: \_\_\_\_\_

\_\_\_\_\_

Work Order Number: \_\_\_\_\_ Date Completed: \_\_\_\_\_

**Staff Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_