

# HOUSING AUTHORITY CITY OF ELKHART

1396 BENHAM AVENUE  
Office# (574) 295-8392

Fax# (574) 293-6878  
[www.ehai.org](http://www.ehai.org)

ELKHART, INDIANA 46516  
TTY# (574) 295-9682

**Terry Walker,**  
Executive Director

We would appreciate your cooperation in answering the questions on this form and returning it to the owner listed above. Enclosed is a stamped, self-addressed envelope for this purpose. The resident has consented to this release of information, as shown on the last page.

## INFORMATION REQUESTED

1. Is the resident disabled as defined on this page?  Yes  No
2. In your professional opinion, does the resident need this accommodation in order to have the same opportunity that a nondisabled individual has to use and enjoy the apartment community? In other words, is the accommodation/modification requested necessary to overcome barriers associated with the disability?  Yes  No
3. Is there any other accommodation that may be equally effective as the requested accommodation which you can suggest?  Yes  No Explain
4. Are you or is someone in your organization available to discuss developing a plan of accommodation to balance the needs of this individual and the property owner?  Yes  No If yes, please give name and phone number of contact person:
5. Please answer all questions presented about the accommodation/modification on page 1:

**DEFINITION OF "DISABLED"** Under federal law, an individual is disabled if he/she has a physical or mental impairment that substantially limits one or more major life activities; has a record of such an impairment; or is regarded as having such an impairment. The term physical or mental impairment includes, but is not limited to, such diseases and conditions as orthopedic, visual, speech, and hearing impairments, cerebral palsy, autism, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, Human Immunodeficiency Virus infection, mental retardation, emotional illness, drug addiction, and alcoholism. This definition does not include any individual who is a drug addict and is currently using illegal drugs or an alcoholic who poses a direct threat to property or safety because of alcohol use. (24 CFR Par 8.3)

NAME AND TITLE NAME OF PERSON SUPPLYING INFORMATION:

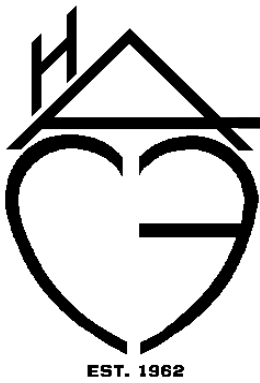
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**Executive Director**

## REASONABLE ACCOMODATION REQUEST FORM

(THIS FORM IS AVAILABLE IN LARGER FONT OR ALTERNATIVE FORMAT UPON REQUEST)

Applicant/Tenant/Participant: Please complete this form and submit it to the Housing Authority City of Elkhart

Date of Request: \_\_\_\_\_

Head of Household: \_\_\_\_\_

TTD/ Phone: \_\_\_\_\_

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

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

Household member who needs accommodation (if different than Head of Household): \_\_\_\_\_

1. Please provide the following reasonable accommodation(s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. I need this reasonable accommodation because:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If Third-Party verification is required, my signature authorizes my provider/practitioner to provide the information requested on the Third-Party Verification Form and any other information necessary to assess this request. If further information is required the Housing Authority City of Elkhart may contact the qualified professional on the Third-Party verification form.

\_\_\_\_\_  
Signature Printed Name

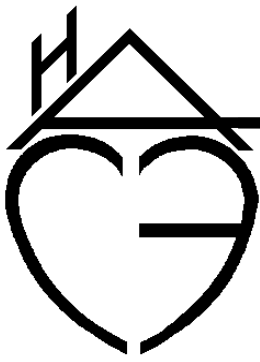
\_\_\_\_\_  
Date

## REASONABLE ACCOMMODATION/MODIFICATION REQUEST VERIFICATION



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EST. 1962

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**Terry Walker,**  
**Executive Director**

Date: \_\_\_\_\_

To: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

From: \_\_\_\_\_

RE: REQUEST FOR REASONABLE ACCOMMODATION/MODIFICATION for:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The resident named above has applied for an apartment or is living in our community.

The resident has requested the following accommodation/modification:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

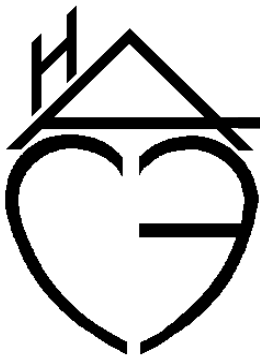
Under state and federal laws, individuals with disabilities may request reasonable accommodations from housing providers and we must consider the request. Reasonable accommodations in rules, policies, practices, and services must be allowed to give persons with disabilities an equal opportunity to use and enjoy housing, provided such accommodation does not impose an undue hardship or requests a change in the fundamental nature of our business. Tenants with disabilities must be allowed to make reasonable modifications to their apartments and common areas at their own expense subject to appropriate construction and restoration considerations.

It is our policy to verify that the individual qualifies as disabled, as that term is defined by law, and requires the accommodation in order to have an equal opportunity to use and enjoy the apartment community.



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PHONE NUMBER: \_\_\_\_\_

FIRM/ORGANIZATION Would you be willing to testify in any court action or related proceeding as to resident's need for the reasonable accommodation?  Yes  No

If you answered no to the above question, please explain the reason for your answer.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

RESIDENT RELEASE TO THE RESIDENT: YOU DO NOT HAVE TO SIGN THIS FORM IF THE NAME OR ADDRESS OF EITHER THE OWNER OR THE HEALTH CARE PROVIDER IS LEFT BLANK.

RELEASE: The person named and signing below is an applicant or resident, or is the adult guardian of a minor child household member of an applicant/resident at the above rental housing community requesting the information on this form. By my signature below, you are authorized to provide the information requested on this form about me, or about the minor child, and to answer any follow-up questions related to the requested accommodation or modification.

Print Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

If information is requested for a minor, print minor's name below.

\_\_\_\_\_



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