



Greene Metropolitan Housing Authority

538 N. Detroit Street, Xenia, OH 45385

Xenia: 937-376-2908, Fairborn: 937-429-7736

General Fax: 937-376-2487, Public Housing Fax: 937-347-1235, Section 8 Fax: 937-347-1230

Website: www.gmha.net

Request for Reasonable Accommodation

PLEASE PRINT CLEARLY

Head of Household: _____

Phone: _____

Address: _____

Currently I am:

- An applicant on the waiting list for Public Housing or GMHA owned property
- Residing in Public Housing or GMHA owned property

Household member who needs accommodation: _____

The household member above has a disability because he or she has a physical, mental or emotional impairment that limits one or more major life activities or has a record of having such an impairment.

Please fill out all the following information regarding the individual who needs the accommodation(s). It is important for you to provide this detail in order for GMHA to best evaluate this request. Please **DO NOT** submit medical records.

As a result of this disability, I am requesting the following reasonable accommodation(s) from GMHA for the disabled Household Member listed above. Please check one or more boxes below.

- a) Special Unit features, b) Physical modifications to common areas, or c) Transfer to another unit that meets my needs. Please provide details. Attach additional pages if needed.

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- A Live-in Aide is necessary to afford the Household Member equal use and enjoyment of the dwelling unit. Please answer the following questions. Use the space below. Attach additional pages if needed.

A daily in-home worker, or rotating shifts, are not equally effective as reasonable accommodation because:

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- A change in following rule, policy or procedure. (Note that fundamental requirements must still be met). Please specify the necessary change. Attach additional pages if necessary.

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- Other (for example, a change in the way GMHA communicates with you). Please specify the necessary change. Attach additional pages if necessary

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The purpose of an accommodation is to remove or relieve a barrier posed by the disability-related limitation. The disabled Household Member needs this reasonable accommodation(s) because

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I understand that the information obtained by GMHA will be kept completely confidential and used solely to make a determination on my reasonable accommodation request.

Signature

Date

Warning: 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. HUD, the PHA and any owner (or any employee of HUD, the PHA or the owner) 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 \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the PHA or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at **208 (a) (6), (7) and (8).** Violations of these provisions are cited as violations of 42 U.S.C. Section **408 (a) (6), (7) and (8).**