



REGIONAL HOUSING AUTHORITY

Serving the Cities of Live Oak, Yuba City and Colusa • Counties of Sutter, Nevada, Colusa and Yuba

1455 Butte House Road • Yuba City, CA 95993

Phone: (530) 671-0220 • Toll Free: (888) 671-0220 • TTY: (866) 735-2929 • Fax: (530) 673-0775

www.RegionalHA.org

REASONABLE ACCOMMODATION REQUEST

Head of Household Name: _____

Address: _____ City: _____

Definition of Disability:

A person with a disability is someone who:

- Has a physical or mental condition that **substantially limits** one or more **major life activities** (such as walking, seeing, hearing, breathing, self-care, speaking, learning),
- Has a history of such a condition, or
- Is perceived as having such a condition.

TO BE COMPLETED BY PARTICIPANT

Who is this request for? (Check one)

Head of Household Family Member (please list): _____

1. Please explain why you are requesting this reasonable accommodation and how it relates to the disability described above: _____

2. What accommodation are you requesting? (Check all that apply)

- Approval for a live-in aide
- Increase in voucher or unit size (explain why): _____
- Other (please describe): _____

PARTICIPANT AUTHORIZATION FOR RELEASE INFORMATION

Please provide the contact information for the professional who can verify your need for this accommodation. This should be someone familiar with your condition (e.g., doctor, therapist, caseworker).

RHA will send a verification form directly to this individual. Hand-delivered forms will not be accepted.

Agency or Practice Name: _____

Professional's Name & Title: _____

Address: _____

Phone: _____ Fax: _____

I give permission for the above provider to release information to the Housing Authority to help process this request. This information will be kept confidential and only used to determine if accommodation is necessary.

Signature of Head of Household: _____ Date: _____

Signature of Other Adult with Disability (if applicable): _____

Relationship to Disabled Person: _____

Parent or Legal Guardian (if for a minor child or dependent adult)





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RHA USE ONLY

Approved Denied

Explanation:

Housing

Manager:

_____ Date: _____

