



**Central Texas Council of Governments**  
*Housing Assistance Division*  
2180 North Main St., P.O. Box 729, Belton, TX 76513  
(254) 770-2300 / +1 (800) 488-4911

## REQUEST FOR A REASONABLE ACCOMMODATION

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

Address \_\_\_\_\_

Contact phone number: \_\_\_\_\_

Email: \_\_\_\_\_

1. The following member of my household requires a reasonable accommodation:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

2. Please provide the following accommodation(s) so that the person listed above can comply with the requirements of the program and have an equal opportunity within the program to use and enjoy his/her unit and its associated premises.

- An accommodation or adjustment in the following program, rule, policy, practice, or service that I currently must follow to meet the terms of the program. I understand that I may ask for change in how I meet the terms of the program's rules and regulations. Please specifically describe what accommodation you are requesting. Use additional paper, if necessary.

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3. My request can be verified by:

Name of Knowledgeable Professional:

\_\_\_\_\_

Title: \_\_\_\_\_ Organization \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_



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Phone (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

If there are other persons who can also verify your request, please fully identify them on a separate sheet and attach.

**I, \_\_\_\_\_, give the Central Texas Council of Governments/Housing Division permission to contact the individual(s) identified in No. 3 of this form for purposes of verifying that I or a family member needs the reasonable accommodation requested above. (NOTE: This must be signed by the person designated in No. 1 of this form or by an individual with authority to sign on that person's behalf).**

\_\_\_\_\_  
Signed (Head of Household)

\_\_\_\_\_  
(Date)



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## REQUEST FOR A REASONABLE ACCOMMODATION VERIFICATION FORM

In accordance with the signed consent provided on the attached form, please verify the information concerning a request for a reasonable accommodation for \_\_\_\_\_ by completing the following:

(Check all applicable boxes)

- A.  The subject individual has a disability (The U.S. Department of Housing and Urban Development's definition of disability requires that the individual has an impairment that is expected to be of long continued and indefinite duration, is a substantial impediment to his or her ability to live independently and is of a nature that the ability to live independently could be improved by a stable residential situation. This term includes developmentally disabled persons as defined in Section 102 of the Department Disabilities Services and Facilities Construction Amendment of 1970 (42) USC 269, [1])

An individual who is developmentally disabled, i.e., an individual who has a severe chronic disability, is one for whom all the below apply:

1. is attributable to a mental and/or physical impairment;
2. was manifested before the age of 22;
3. is likely to continue indefinitely;
4. results in substantial functional limitations in three or more of the following areas: capacity for independent living, self care, receptive and expressive language, learning, mobility, self-direction, and economic self-sufficiency, AND
5. requires special, interdisciplinary, or generic care, treatment, or other services, which are of lifelong or extended duration and are individually planned and coordinated.

- The subject individual does NOT have a disability as defined above.

- B.  The disability necessitates the requested accommodation identified on the enclosed Reasonable Accommodation Request Form in order for the subject individual to comply with the requirements of the program or enjoy equal access to the program.

- C. Do you believe the requested accommodation will achieve its stated purpose?  
 yes       no (If "no" please briefly explain)



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D. Please indicate the critical time frame required to complete the requested.

- Immediate
- Within 5 months
- From 6 months to 1 year

E. How long have you been familiar with the subject individual's disability?

F. Date of last contact with the subject individual concerning his/her disability:

\_\_\_\_\_

G. Please provide any comments to assist in the evaluation of the requested reasonable accommodation:

I certify that the above information is true and complete.

\_\_\_\_\_  
Name of Knowledgeable Professional (Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Organization

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Email address:



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**Warning:** Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make false statements or misrepresentations to any department or agency of the United States as to any matter within its jurisdiction.



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## YOUR RIGHT TO REQUEST A REASONABLE ACCOMMODATION

### **Do I have the right to request a reasonable accommodation or modification of my unit while in public or assisted housing?**

If you have a disability that requires you to need ...

- An accommodation or adjustment in the program's rules, policies, practices, or services,

You have the right to request a reasonable accommodation.

### **Will my request automatically be approved?**

We will try to approve your request if you can show that ...

You have a disability that requires a reasonable accommodation, and your request is reasonable.

### **How do I file a request?**

You can request a reasonable accommodation by filling out a Reasonable Accommodation Request Form available at the Central Texas Council of Governments/Housing Division, 2180 North Main, Belton, Texas, by calling 888/488-4911 (toll free) during regular business hours. If you need help filling out this form, or if you want to give us your request in some other way, we will help you.

### **What happens after I file the request?**

Your request will be reviewed, and you will receive a response within 30 calendar days after we have received your request. If your request is denied, an explanation will be provided. You will have a right to a hearing if your request is denied.

### **My signature confirms that I have read and understand my rights as indicated above.**

\_\_\_\_\_  
Signature (Head of Household)

\_\_\_\_\_  
Date

The Central Texas Council of Governments/Housing Division will make every effort to make this information available to persons with disabilities in alternative formats upon request. Please allow a minimum of seven days for preparation of the material.