Pinellas County Housing Authority
11479 Ulmerton Road, Largo, FL 33778
Phone: 727.443.7684 • TDD: 800.955.8770
Fax: 727.489.0788 • TTY: 800.955.8771
Website: PinellasHousing.com Email: reasonable@pinellashousing.com

REASONABLE ACCOMMODATION REQUEST

Please complete the form below. If requests are made for more than one household member, a separate form must be completed for each member. Requests will be reviewed and responded to based on the date the completed form is returned to the PCHA. Requests that are either incomplete or not returned to the PCHA within 30 days will be denied.

Housing Program: ☐ Housing Choice Voucher ☐ Public Housing

☐ Project Based Voucher Program ☐ Multi-Family ☐ Affordable

SECTION A. HOUSEHOLD INFORMATION, COMPLETE BY REQUESTOR

Name of Head of Household:_____

Address: _____

Phone Number:_____ **Email Address:**_____

Household Member request is made for: _____

Release: I hereby authorize the release of the requested information on this form. The information obtained under this consent is limited to information that is no older than 12 months.

Signature: _____ **Date**: _____

SECTION B. ACCOMMODATION(S) AND/OR MODIFICATIONS REQUESTED. Identify the specific accommodation / modification requested that will enable the disabled member of the household to fully participate in the housing program. If additional space is needed, please attach another page. **Do NOT** include medical diagnosis or other personal information related to health or medical conditions.

_____
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SECTION C. VERIFICATION SOURCE. Name of Health Care Provider or other Verification Source.

Name:_____ Phone_____

Business/Professional Organization_____

Address:_____

Tax ID/ License #:_____

SECTION D. VERIFICATION INSTRUCTIONS. TO BE COMPLETED BY MEDICAL PROFESSIONAL OR OTHER VERIFICATION SOURCE

This section is to be completed by the verification source identified by the family who has knowledge of the household member disability and can attest that the accommodation requested is related to the disability and their participation in the housing program.

The Pinellas County Housing Authority (PCHA) provides reasonable accommodation to individuals with disabilities who have a disability related need for the accommodation. A reasonable accommodation is an exception made to the usual rules or policies that may be necessary for the participant due to a disability. Examples may include: receiving information in alternative format, providing interpreter services, modifying a housing unit (e.g., grab bars, raised toilet, etc.), transferring to another unit, live-in aide, etc. The individual identified in Section A of this form has authorized you to provide verification in support of their current request listed in Section B. Please complete the information in Part D and return to the PCHA Section 504 Coordinator, 11479 Ulmerton Rd, Largo, FL 33778 or email to reasonable@pinellashousing.com. **Do NOT** include medical diagnosis or other personal information related to health or medical conditions of the household member.

Thank you for your assistance in completing this form. The information obtained will be kept confidential and used solely by PCHA to determine the need for the specific accommodation(s) listed in Part A.

1. Is the household member identified above disabled as defined below? ☐ Yes ☐ No
   a. If Yes, is this disability a permanent condition? ☐ Yes ☐ No
2. Is the accommodation requested in Section B. related to the disability? ☐ Yes ☐ No
3. Please explain why the individual needs the specific requested accommodation(s) and describe specifically how the requested accommodation(s) will enable the individual to have the opportunity to access housing, maintain housing, or fully use/enjoy housing and/or any programs offered by PCHA. If in your professional opinion the individual does not require the requested accommodation(s), please explain. Please print.

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Definition of Disabled: A person with a disability is a person who has a physical or mental impairment that substantially limits one or more major life activity. This includes people who have a record of such an impairment, even if they do not currently have a disability. It also includes individuals who do not have a disability but are regarded as having a disability.

Warning: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentation to any Department or Agency of the United States as to any matter within its jurisdiction.

Name and Professional Title/Credentials of Evaluator/Diagnostician

Signature of Evaluator/Diagnostician

Date

This form must be returned to the PCHA office by the knowledgeable professional either by mail to our office located at 11479 Ulmerton Rd, Attn: PCHA Section 504 Coordinator, Largo, FL 33778, fax at (727) 489 - 0788 or email to reasonable@pinellashousing.com .

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SECTION E. PCHA USE.

Date Verification Form Received:_____

Accommodation Status

☐ Approved ☐ Denied ☐ Unreasonable. Alternative Provided:_____

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Denial
Justification_____
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