

**HOUSING AUTHORITY OF McDONOUGH COUNTY
REQUEST FOR A REASONABLE ACCOMODATION**

Name: _____ Phone: _____

Address: _____

1. The following member of my household has a disability as defined below:
(A physical or mental impairment that substantially limits one or more major life activities; a record of having such an impairment; or being regarded as having such an impairment.)

Name: _____

2. As a result of my/his/her disability the following change or changes are being requested so that (the person listed) can live here as easily or successfully as the other residents. **Check the kind of changes(s) needed:**

- A change in his/her apartment or other part of the housing development.
- A change in the following rule, policy or procedure. (Note: You may ask for changes in **how** you meet the terms of the lease, but everyone must continue to meet the terms of the lease.)
- A change in household composition, requiring a live in aide as defined below:
Live-in aide means a person who resides with one or more elderly persons, or near-elderly persons, or persons with disabilities, and who: (1) is determined to be essential to the care and well-being of the persons, (2) is not obligated for the support of the persons, and (3) would not be living in the unit except to provide the necessary supportive services

3. This reasonable accommodation will allow: _____
- _____
- _____

4. You may verify that he/she has a disability and the need for this request by contacting: (Please list the physician, therapist, etc. who has knowledge of this disability and can certify to such)

Name: _____

Address: _____

Phone: _____

5. If you asked for a change to your apartment or to the housing complex, please note on the back of this form any company or organization that might help us locate or build anything special that you need.

I give permission to contact the above individual for purposes of verifying that I or a family member have a disability and need the reasonable accommodation requested above. I understand that the information you obtain will be kept completely confidential and used solely to determine if you will provide an accommodation. I understand that any person who knowingly and willingly makes false or fraudulent statements to any Department or Agency of the U.S. or the Department of Housing and Urban Development is guilty of a felony.

Signed: _____ Date: _____

**HOUSING AUTHORITY OF McDONOUGH COUNTY
CERTIFICATION OF NEED FOR REASONABLE ACCOMMODATIONS OR SPECIAL UNIT**

Tenant or Applicant Name: _____

Address: _____

Phone: _____

I am an applicant or a tenant of public housing and request that you fill out the following certification.

Signed: _____ Date: _____

PLEASE RETURN TO: Housing Authority of McDonough County
 322 West Piper Street
 Macomb, IL 61455

To be completed by health care provider

1. In my opinion, the Applicant or Tenant has a disability as defined below.
 YES NO
 - A) A physical or mental impairment that substantially limits one or more major life activities.
 - B) A record of having such impairment.
 - C) Being regarded as having such impairment.

2. In my opinion, the Applicant's or Tenant's disability requires that a wheelchair-accessible unit be made available to the Applicant or Tenant.
 YES NO

3. In my opinion, the Applicant or Tenant requires a live in aide as defined below:
*Live-in aide means a person who resides with one or more elderly persons, or near-elderly persons, or persons with disabilities, and who: (1) is determined to be essential to the care and well-being of the persons, (2) is **not** obligated for the support of the persons, and (3) would not be living in the unit except to provide the necessary supportive services.*
 YES NO

Please describe the services a live-in aide would provide: _____

4. In my opinion, the Applicant's or Tenant's disability requires that other physical modifications to the unit or common area or reasonable accommodations to the rules and policies of the housing development be made in order for the Applicant or Tenant to have equal opportunity to live successfully in this housing.
 YES NO

Below, please describe the special housing features, types of physical adaptations, or accommodations in rules or policies which are needed, or verify that the enclosed description of needed changes, requested by the Applicant or Tenant, are necessary for equal enjoyment of the housing opportunity as a result of his/her disability

- The following change to the apartment or common area or to policies and procedures is necessary as a direct result of the Applicant's/Tenant's disability for the Applicant or Tenant to have an equal housing opportunity.

Provider Authorization

- I **verify** that the enclosed request is necessary for the above named person, as a result of his/her disability to have equal housing opportunity. If Yes, Please initial.

OR

- I **cannot verify** that the enclosed request is necessary for the above named name person, as a result of his/her disability to have equal housing opportunity. If Yes, Please initial.

Please indicate, if known, where any specialized equipment may be obtained. _____

Date: _____

Signature

Title of Physician or Professional

Address

Phone

If you have any questions about filling out this form, please call the Housing Authority of McDonough County, (309) 837-2363. **Thank you.**