Part I - Reasonable Accommodation Request

**This form is available in larger font or alternative format upon request.**

**Please ask us if you need help completing this form. Assistance will be provided upon request.**

1. **General Information**

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| **Date of Request:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Name of Person Making the Request: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Current Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Name of Person with Disability requiring the Reasonable Accommodation:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Name of Head of Household:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Current Address of Household: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Daytime Phone: (\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: (\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

1. **Reasonable Accommodation Request.** Please check (√) one or more of the accommodations requested by or on behalf of the household member with a disability

NOTE: *The requested accommodation must be directly related to the household member’s disability and must be necessary for the household member to have equal access to and use of the housing or housing assistance, not just a matter of convenience, desire or preference*:

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|  | **A change in the way MaineHousing communicates with you. Please explain:** |
|  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | **An additional bedroom size unit** |
|  | **Increase in voucher payment standard (increase up to 120% of fair market value)** |
|  | **To rent from a relative** |
|  | Please specify the blood relationship this relative has to household member(s)  (e.g., child, parent):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | Please provide the name, address and telephone number of relative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | **A live-in aide that resides in the unit** |
|  | Is live-in aide is related to household member(s) (e.g., child, parent)? **\_\_\_\_Yes \_\_\_\_No** |
|  | Please provide the name, address and telephone number of the live-in aide: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | The following additional information **is required** by MaineHousing to approve a live-in aide: |
|  | * A written statement from your landlord, approving the addition of the live-in-aide to your lease |
|  | * A Household Personal Declaration completed by the household and the live-in aide |
|  | * A copy of the live-in aide’s birth certificate |
|  | * An original social security card of live-in-aide for viewing only (copy is not required) |
|  | * A Declaration Section 214 Status completed by the live-in aide |
|  | * A Consent to Screening form Criminal Activity signed by the live-in aide |
|  | **Need to live near services or caregivers** |
|  | **Extension of voucher** |
|  | **Reinstatement of voucher** |
|  | **Waiver of deadline to appeal a decision regarding housing assistance (e.g. denial, termination or other decision)** |

|  |  |
| --- | --- |
|  | **Waiver of deadline to appeal a decision regarding a reasonable accommodation request** |
|  | **Waiver or change in a MaineHousing or HUD regulation, policy, procedure or service** |

Please specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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|  | **Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

1. **Disability Related Need.** Please explain why the requested accommodation is necessary and how the accommodation is directly related to the household member’s disability

NOTE: *Provide as much detail as possible to assist MaineHousing in evaluating the request without addressing the nature or severity of the household member’s disability or the household member’s medical diagnosis to the extent possible*:

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**I represent that the above information is true and correct.  
  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Signature Date**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Please Print Name  
Please return the completed and signed form to: MaineHousing**

**26 Edison Drive**

**Augusta, ME 04330**

**Attn: HCV Department**

**Part II - Authorization to Provide Information Regarding Reasonable Accommodation Request**

**A. Request for Verification from Qualified Provider/Professional:**

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| MaineHousing is requiring verification of certain information concerning a request by, or on behalf of **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** for the reasonable accommodation described in Part I - Reasonable Accommodation Request. |
|  |
| The information checked (√) below by MaineHousing **requires verification from a knowledgeable, qualified provider or professional:**  That the referenced Household Member has a disability as defined under applicable state and federal law;  That the reasonable accommodation described in the attached Reasonable Accommodation Request is necessary and required for the Household Member to access, or fully use and enjoy, the housing or housing assistance; and/or  That there is a nexus (identifiable relationship) between the Household Member’s disability and the reasonable accommodation described in the attached Reasonable Accommodation. |

**I/We authorize** the Provider identified below to verify the above-requested information to MaineHousing, and if requested by MaineHousing, to provide any additional information that MaineHousing determines is necessary to verify the above-requested information.

**Note:** This Provider must have current knowledge of the household member’s disability and must be qualified to verify the above-requested information.

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| --- |
| Name of Provider: |
| Field of Practice: |
| Agency/Clinic/Facility: |
| Address: |
| Telephone Number: ( ) Fax Number: ( ) |

**B. Authorization to Verify and Provide Information (*to be completed and signed by or on behalf of the Household Member)***

NOTE: *If the household member with the disability is younger than 18 years old or is not competent, then the household member’s parent or guardian must sign the form. If the household member with the disability is 18 years old or older and competent, then the household member must sign the form.*

**I/We understand** that all information received by MaineHousing will be kept completely confidential and used solely by MaineHousing for making a determination on this reasonable accommodation request.

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**Signature Date**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please Print Name**

**Please return this completed and signed form to: MaineHousing**

**26 Edison Drive**

**Augusta, ME 04330**

**Attn: HCV Department**

**NOTE**

MaineHousing may require verification from a knowledgeable, qualified provider that the household member has a disability, the request is directly related to his/her disability and/or the request is necessary for him/her to access or fully use and enjoy his/her housing or housing assistance. The provider must have current knowledge of the household member and must be qualified to determine whether the household member has a disability and to evaluate the disability-related need for a reasonable accommodation.

If verification is required, MaineHousing will complete Part I of the Authorization to Provide Information Regarding Reasonable Accommodation Request form and ask that Part II of this form be completed and signed by the household member with the disability or, if the household member with the disability is younger than 18 years or is not competent, then the household member’s parent or authorized guardian.

Upon receipt of the completed and signed form, MaineHousing will send a Verification of Information Regarding Reasonable Accommodation Request form to the provider identified in the Authorization to Provide Information Regarding Reasonable Accommodation Request form. Alternatively, a letter from a knowledgeable, qualified provider verifying the required information may be given directly to MaineHousing.

The Authorization to Provide Information Regarding Reasonable Accommodation Request form and the Verification of Information Regarding Reasonable Accommodation Request form are available on MaineHousing’s website and will be provided upon request.