



ASHEVILLE HOUSING AUTHORITY

Housing Choice Voucher Program
165 South French Broad Avenue
Asheville, NC 28801

Business Hours: 9 a.m. – 5 p.m. Monday – Thursday

REQUEST FOR REASONABLE ACCOMMODATION

If you or a member of your household have a handicap or disability – defined as a physical or mental impairment that substantially limits one or more life activities or a record of being regarded as having such an impairment - and you would like to request a reasonable accommodation, please complete this form, sign, and return it to the Asheville Housing Authority along with a statement from a medical professional who can confirm your need for the requested accommodation.

Head of Household Name: _____

Name of household member for whom accommodation is requested: _____

Address: _____

Phone Number: _____ Email Address: _____

Please state what the specific accommodation or modification you are requesting:

This reasonable accommodation or modification is needed because:

- It will help me live in the housing or take part in HACA's programs
- It will help me meet the lease requirements of HACA's programs
- It will help me meet other requirements of HACA's programs

Please sign below to confirm the accuracy of the information submitted above.

Head of Household Signature

Date

Housing Agency Use Only

Date request received: _____ Date medical statement received: _____

Date sent to Director for review: _____ Approved: Yes No

Signature, Co-Director of Housing Choice Voucher Program Date



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Verification of Disability

To:

RE- _____

SSN _____

Basis for claiming disability- _____

The above-named person is applying for participation in a federally-assisted housing program operated by the Housing Authority. To determine the applicant's eligibility, we must verify that he/she is disabled as defined by the U.S. Department of Housing and Urban Development (HUD). HUD regulations define disability as follows.

Thank you for your assistance.

- A. Inability to engage in any substantial gainful activity by reason of any medically determinable physical or mental impairment which can be expected to result in death, or which has lasted or can be expected to last for a continuous period of not less than 12 months...
B. Severe chronic disability that
a. is attributable to a mental or physical impairment or combination of mental and physical impairments;
b. is manifested before the person attains age 22
c. is likely to continue indefinitely
d. results in substantial functional limitations in three or more of the following areas of major life activity...
e. reflects the person's need for a combination and sequence of special interdisciplinary, care, or generic care, treatment or other services which are of lifelong or extended duration and are individually planned and coordinated.
C. A person with a physical or mental impairment that
a. is expected to be of a long-continued and indefinite duration,
b. substantially impedes his/her ability to live independently. and
c. is of such a nature that such ability could be improved by more suitable housing conditions

Housing Authority Representative _____

Date _____

I hereby authorize the release of any information pertaining to this request, and will appreciate if you will complete and return to the Housing Authority the following certification.
Applicant's Signature: _____ Date: _____

Certification of Disability

[] is [] is not disabled according to the HUD definition.

Applicable definition(s): [] A [] B [] C Please describe:

Estimated length of disability period: _____
Occupation: _____
Person certifying (print name): _____

Signature

Professional Title

Date

Return to:

Housing Authority of the City of Asheville, PO Box 1898, Asheville NC, 28802