CMHA

Request for Reasonable Accommodation
Confidential Information

This information will not be disclosed or released, except as permitted by law.

Printed Name	Telephone/Email
Address	

Currently, I am (Please check one or more items below):

- ☐ Applying for public housing
- ☐ An Applicant on the waiting list
- ☐ A public housing tenant
- ☐ A participant in the HCV Voucher Management Program
- ☐ Other

1. The following member of my household has a disability:
   _____
   _____

   Relationship or association with you:
   _____

2. As a result of this disability, I am requesting the following reasonable accommodation:
   (Please check one or more items below.)

   ☐ A change in my apartment or another part of the housing development. Please specify below:

   ☐ A change in the following rule, policy or procedure. (Note a change in how to meet the terms of the lease may be requested, but the terms of the lease must be met.) Please specify below:

   ☐ Other (For example the way that CMHA communicates with you.) Please specify below:

3. This request for reasonable accommodation is necessary so that I can: Please specify:

4. I authorize CMHA to verify that I have a disability and have the need for the reasonable accommodation required. To verify this information, CMHA may contract the following physician, psychiatrist, licensed psychologist, licensed nurse practitioner, licensed social worker, rehabilitation profession, non-medical service agency whose function is to provide services to the disabled or other expert in the field of:

   _____

Name of expert/professional:

_____

Phone: _____

Title: _____

Agency/facility/institution:

_____

Address:

_____

_

City/State/Zip:

_____

Authorization to Disclose Medical and Personal Information

By signing below, I authorize the Cincinnati Metropolitan Housing Authority and its staff to contact the individual or agency listed above to obtain information or materials deemed necessary to decide regarding my request for Reasonable Accommodation. I hereby authorize the individual or agency listed above to release and to disclose to the Cincinnati Metropolitan Housing Authority information relating to my need for reasonable accommodation. I understand that the information obtained by the housing authority will be kept completely confidential and used solely to decide on my reasonable accommodation.

Signed _____

Date_____

If on behalf of a minor child, please indicate whether you are the parent or guardian. Where the individual with the disability is over 18 years of age and is not the head of household, he or she should sign the authorization for verification.