



**INITIAL APPLICATION FOR  
ASSET MANAGEMENT / LOW INCOME PUBLIC HOUSING**

**EFFECTIVE OCTOBER 1, 2014 ALL APPLICANTS WILL BE SCHEDULED BY  
APPOINTMENT ONLY.**

**THANK YOU** for applying with **CMHA** for your housing needs. It is our goal to provide you with efficient quality service. As part of the application process, the following documentation will be needed, **ALL DOCUMENTS MUST BE ORIGINALS, NO COPIES ACCEPTED:**

1. Current police check for anyone that will reside in your household 18 and over...OPTIONAL...CMHA WILL REQUEST FOR ONE ON YOUR BEHALF...AT NO COST TO YOU.
2. Current ID for everyone age 18 and over (Valid State ID or Driver License).
3. Verification of all household income. (Ex. Employment, Social Security, OWB, Unemployment, Alimony, Worker's Compensation, Child Support, etc.)
4. Marriage license or divorce decree.
5. Birth certificate and Social Security card(s) of all household members.
6. Military Discharge papers.
7. Name/Address/Phone Number of past & present landlords.
8. Verification of all household assets. (Ex. Checking/Savings accounts, Life Insurance Policies, Annuities, Stocks, Bonds, etc.)

**WE ACCEPT APPLICATIONS DAILY MONDAY THROUGH FRIDAY 8:00 A.M. UNTIL 4:30 P.M.**

As part of the application process, you will be required to have a personal interview with a housing eligibility specialist. **The housing eligibility specialist will verify the information listed on your application. The verification of information may include, but is not limited to, rental history check, household income and assets. CMHA will also conduct a national and local criminal records check on every household member age 18 and over.**

**Your Housing Specialist will determine your eligibility for housing with CMHA. The length of the interview varies with each applicant; however, the average length of time is approximately 20 minutes.**

**\*\*Please note that you may observe an applicant that arrived after you complete this process before you. Remember! The length of an interview varies per applicant.**

**PLEASE KEEP CMHA WITH YOUR CURRENT MAILING ADDRESS. ANY MAIL FROM CMHA WILL NOT BE FORWARDED BY THE POST OFFICE. IT IS YOUR RESPONSIBILITY TO REPORT IN WRITING ANY CHANGES TO YOUR MAILING ADDRESS.**

Revised March 18, 2015

**LEASING OFFICE, 1635 WESTERN AVE., CINCINNATI, OHIO 45214**

**Phone: (513) 421-2642 Fax: (513) 665-2989 TDD: (800) 750-0750 Website: [www.cintimha.com](http://www.cintimha.com)**

**Equal Opportunity Employer, Equal Housing Opportunities**

## **NOTICE OF REASONABLE ACCOMMODATIONS FOR APPLICANTS/RESIDENTS/PARTICIPANT WITH DISABILITIES**

**Notice to Applicants/Residents/Participants:** The Cincinnati Metropolitan Housing Authority (“CMHA”) provides housing to eligible families including families with children, elderly families, disabled families, and single people. It is the policy of CMHA to comply with all laws relating to Fair Housing and Civil Right. CMHA is committed to identifying and eliminating situations or procedures that create a barrier to equal housing opportunity for all.

If you or a member of your family have a disability and think you might need or want a reasonable accommodation, you may request it at any time in the application, leasing or ongoing tenancy with CMHA Asset Management or Voucher Management programs.

**What is a Reasonable Accommodation?:** A reasonable accommodation is a structural change that CMHA can make to its units or common areas, or a modification of a rule, policy, procedure or service, that will assist an otherwise eligible applicant or resident with a disability to make effect use of CMHA’s programs. Examples of reasonable accommodation include:

- Making alterations to the CMHA unit so that is accessible for use by a family member
- Adding or altering unit features so that they may be used by a family member with a disability
- Permitting a family member to have a service animal
- Making large type documents, Braille documents, cassettes or a reader available to an applicant, participant or tenant with a vision impairment
- Providing sign language or interpreter
- Permitting an outside agency or individual to assist the applicant or tenant with a disability to meet CMHA’s Admissions and Continued Occupancy policies

The foregoing examples are not meant to be inclusive of the entire range of reasonable accommodations available.

**Requesting a Reasonable Accommodation:** If you would like to request a reasonable accommodation, then please request it through the Leasing Department. The staff will provide you with the proper paperwork for your request.

### **VAWA-Violence Against Women Act**

VAWA's primary objective is to reduce violence against women (or men) and to protect, or increase the protection of, the safety and confidentiality of women (or men) who are victims of abuse. VAWA prohibits public housing agencies (PHAs) from denying public housing assistance because an applicant has been a victim of domestic violence or stalking, provided that such person is otherwise qualified for admission/participation. VAWA ensures that victims of abuse in public housing will not risk homelessness when they seek assistance to end a violent relationship. CMHA can request proof that the applicant/tenant is a victim. The victim has to provide such documentation or proof. If you are a victim of domestic violence, dating violence, or stalking and are seeking housing assistance please notify our office. HUD requires the CMHA to comply with VAWA and to maintain confidentiality of tenant records relating to victims of abuse.

### **FAIR HOUSING AND EQUAL OPPORTUNITY**

CMHA fully complies with all Federal, State and Local nondiscrimination laws; Title II of the Americans with Disabilities Act; and the U.S. Department of Housing and Urban Development regulations governing Fair Housing and Equal Opportunity. No person shall, on the grounds of race, color, sex, sexual orientation, or gender identity, religion, national or ethnic origin, familial status, or disability be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under CMHA’s programs.

Optional and Supplemental Contact Information for HUD-Assisted Housing Applicants

**SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING**

This form is to be provided to each applicant for federally assisted housing

**Instructions: Optional Contact Person or Organization:** You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Check this box if you choose not to provide the contact information.

APPLICANT NAME:			
MAILING ADDRESS:			
TELEPHONE NO:	CELL PHONE NO:		
NAME OF ADDITIONAL CONTACT PERSON OR ORGANIZATION:			
ADDRESS:			
TELEPHONE NO:	CELL PHONE NO:		
E-MAIL ADDRESS: (if applicable)			
RELATIONSHIP TO APPLICANT:			
REASON FOR CONTACT: (Check all that apply) <table style="width:100%; border:none;"> <tr> <td style="width:50%; border:none;"> <input type="checkbox"/> Emergency  <input type="checkbox"/> Unable to contact you  <input type="checkbox"/> Termination of rental assistance  <input type="checkbox"/> Eviction from unit  <input type="checkbox"/> Late payment of rent         </td> <td style="width:50%; border:none;"> <input type="checkbox"/> Assist with Recertification <input type="checkbox"/> Process  <input type="checkbox"/> Change in lease terms  <input type="checkbox"/> Change in house rules  <input type="checkbox"/> Other: _____         </td> </tr> </table>		<input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent	<input type="checkbox"/> Assist with Recertification <input type="checkbox"/> Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____
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<b>Commitment of Housing Authority or Owner:</b> If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving then issues or in providing any services or special care to you.			
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.			
<b>Legal Notification:</b> Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.			
<b>SIGNATURE OF APPLICANT</b>	<b>DATE</b>		
<p>The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.</p>			
<b>Privacy Statement:</b> Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.			





<b>For office use only</b> Client No. _____ Specialist No. _____
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**\*\*\*PLEASE COMPLETE EVERY QUESTION. IF THE QUESTION DOES NOT APPLY, WRITE N/A\*\*\***

## Low Income Public Housing Program Initial Application

### APPLICANT INFORMATION

**Name:** \_\_\_\_\_

Last Name	First	Middle	Maiden Name
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**Address:** \_\_\_\_\_

Street	Apt #	
City	State	Zip

( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
 (Area Code) Home Phone Number (Area Code) Work Phone Number

( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
 (Area Code) Cell Number (Area Code) Alternate Phone Number

### EMERGENCY CONTACTS:

1<sup>ST</sup> Choice: \_\_\_\_\_

Name	Address	Phone	Relationship
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2<sup>nd</sup> Choice: \_\_\_\_\_

Name	Address	Phone	Relationship
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**Are you a U.S. Citizen?** YES \_\_\_\_\_ NO \_\_\_\_\_ **Ethnicity:** Hispanic \_\_\_\_\_ Non-Hispanic \_\_\_\_\_

**Marital Status:** 1. Single \_\_\_\_\_ (only if never married) 2. Married \_\_\_\_\_ 3. Separated \_\_\_\_\_  
 4. Widowed \_\_\_\_\_ 5. Divorced \_\_\_\_\_

**Veteran Status:** 1. Veteran \_\_\_\_\_ 2. Active Duty \_\_\_\_\_ 3. Non-Veteran \_\_\_\_\_ 4. Reserve Unit \_\_\_\_\_

### HOUSEHOLD INFORMATION

Household Members: List the LEGAL names of all household members who **will be living with you**, as the names appear on their Social Security cards. The first name listed should be the Head of Household. Then list any additional household members **who will be living with you**.

\*Use the following codes to indicate the race of each household member. You may use more than one if necessary:  
 1-White 2- Black/African American 3- Indian/ Alaska Native 4-Asian 5- Hawaiian/Pacific Asian

Legal Name(s) <small>1st Name Last Name</small>	Relationship To Head	Sex	Age	Race (See Codes Above)	Birth Date	Social Security Number	Education: Highest Grade Completed
1.	(Yourself)						
2.							
3.							
4.							
5.							
6.							

Is any family member pregnant? YES \_\_\_\_\_ NO \_\_\_\_\_ If Yes, Due Date \_\_\_/\_\_\_/\_\_\_

Do you have any minor children who are not listed on this application? YES \_\_\_\_\_ NO \_\_\_\_\_

Do you have legal custody of all minor children listed above? YES \_\_\_\_\_ NO \_\_\_\_\_



## ASSET INFORMATION

(Mark "NONE" on each line that does not apply to you.)

Type of Asset	Financial Institution (Name)	Balance/Value	Account Number
Savings Account		\$	
Checking Account		\$	
Real Estate		\$	
Stocks, Bonds, Annuities, CD, IRA's		\$	
Life Insurance Policy (Whole Life Policies Only)		\$	

Have you disposed of any Assets for Less than Fair Market Value (FMV) during past two years?  
 Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, what assets? \_\_\_\_\_

1. Do you anticipate any changes in family members or income? \_\_\_\_\_ YES \_\_\_\_\_ NO

If Yes, Please Explain: \_\_\_\_\_

2. Does anyone outside of your household pay any of your bills or give you money?

\_\_\_\_\_ YES \_\_\_\_\_ NO

If yes, please provide the following: Name \_\_\_\_\_ Monthly Amount \$ \_\_\_\_\_

3. Have you had any other income source within the past 12 months? \_\_\_\_\_ YES \_\_\_\_\_ NO

If Yes, please specify: \_\_\_\_\_

4. Have you received OWF (Cash Assistance) benefits within the last 12 months?

\_\_\_\_\_ YES \_\_\_\_\_ NO

5. Are you currently receiving Food Stamps?

\_\_\_\_\_ YES \_\_\_\_\_ NO

If yes, list monthly amount. \$ \_\_\_\_\_

6. Do you have any open child support cases?

\_\_\_\_\_ YES \_\_\_\_\_ NO

## HOUSEHOLD EXPENSES

Do you pay childcare expenses? \_\_\_\_\_ YES \_\_\_\_\_ NO Monthly Amount: \$ \_\_\_\_\_

Childcare Provider's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Zip \_\_\_\_\_ Phone: \_\_\_\_\_

Do you pay child support? \_\_\_\_\_ YES \_\_\_\_\_ NO

Amount of Child Support paid? \$ \_\_\_\_\_ Is payment Weekly ( ) or Monthly ( )?

## FAMILIES WITH ELDERLY OR DISABLED HEAD/SPOUSE ONLY

Do you have any Medical Expenses not covered by Insurance? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please list the yearly total for all Medical Expenses: (Dental, Doctor, Hospital, Glasses, Medicines, etc.) \$ \_\_\_\_\_

Are any of these expenses reimbursed by insurance or Veterans Affairs (VA)? \_\_\_\_\_ YES \_\_\_\_\_ NO

Do you pay for Private Medical Insurance? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, list Company Name: \_\_\_\_\_ Premium \$ \_\_\_\_\_ Per \_\_\_\_\_





**FORMER CMHA TENANCY:**

Have you ever lived in Cincinnati Metropolitan Housing Authority Housing?

\_\_\_\_\_ YES \_\_\_\_\_ NO If yes, at what location? \_\_\_\_\_

FROM: \_\_\_\_\_ TO: \_\_\_\_\_

Name of Head of the Household on lease: \_\_\_\_\_

Have you or any member of your household ever been convicted of any crime anywhere in the United States? (Felony or misdemeanor)

\_\_\_\_\_ YES \_\_\_\_\_ NO

Have you or any member of your household been incarcerated within the past 36 months?

\_\_\_\_\_ YES \_\_\_\_\_ NO

Are you or any member of your household subject to a sexual offender or sexual predator registration?

\_\_\_\_\_ YES \_\_\_\_\_ NO

**CERTIFICATIONS:**

I certify that the above information is a complete and true statement of family composition, all income, employment, and assets, to the best of my knowledge and belief. I know I am required to cooperate by supplying all information needed to determine my eligibility, level of benefits and to verify my true circumstances. I authorize CMHA to make any inquiries that are necessary to verify the information on this application. I understand that knowingly supplying false, incomplete, or inaccurate information is a violation of Federal law.

\_\_\_\_\_  
Signature of Head Applicant Date

\_\_\_\_\_  
Signature of Co-Applicant Date

\_\_\_\_\_  
Signature of Other Adult Date  
(Who will be living in Household)

\_\_\_\_\_  
Signature of Other Adult Date  
(Who will be living in Household)

**Warning:** 18 U.S.C.1001 provides, among other things, that whoever knowingly and willfully makes or uses a document containing any false, fictitious, or fraudulent statement or entry, in any manner within the jurisdiction of any department or agency of the United States government, shall be fined not more that \$10,000 or imprisoned for not more than five years, or both.



## WAIT LIST CHOICE SHEET

NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

CMHA has implemented a Site-based Waiting List. The site-based waiting list will enable applicants to choose multiple area locations in which they would like to reside or “First Available.” Once a client has been made eligible for housing, he/she will be made an offer for housing in one of the locations selected. If a client refuses the initial offer, his/her name will be removed from the waiting lists and the client will have to reapply for housing. If you choose “First Available”, you will be offered the first available unit suitable for your family’s needs.

### Please indicate the locations you would like to reside in.

Below is a list of CMHA area communities. Your name will be placed on the wait list for the communities you select. Some communities require tenants to be able to obtain utilities in Head of Household’s name. **You will not be able to lease a unit if the Head of Household is unable to obtain Duke Energy services at the time a unit is offered.**

#### FAMILY COMMUNITIES

(✓ - Please check the box next to the location you are selecting)

	I would like the “ <b>First Available</b> ” unit in any Family Community
<input type="checkbox"/>	
<input type="checkbox"/>	Clinton Springs – Avondale (2-4 brs)
<input type="checkbox"/>	Findlater Gardens – Winton Place (1-6 brs)
<input type="checkbox"/>	Horizon Hills – Price Hill (2 brs)
<input type="checkbox"/>	Liberty Apartments – West End (1-5 brs)
<input type="checkbox"/>	Marianna Terrace – Lincoln Heights (1-3 brs)
<input type="checkbox"/>	Marquette Manor – Fairmount (0-1 brs)
<input type="checkbox"/>	Millvale – South Fairmount (1-6 brs)
<input type="checkbox"/>	Quebec Road – Price Hill (3-6 brs)
<input type="checkbox"/>	Setty Kuhn – Walnut Hills (1-4 brs)
<input type="checkbox"/>	Stanley Rowe Townhomes – West End (3 brs)
<input type="checkbox"/>	Sutter View – North Fairmount (1-4 brs)
<input type="checkbox"/>	Winton Terrace ** - Winton Place (1-5 brs)

\*\*Utilities are included with the rent at all of these locations.

#### MIXED FAMILY COMMUNITIES (HIGH RISE/LOW RISE COMMUNITIES)

(✓ - Please check the box next to the location you are selecting)

	I would like the “ <b>First Available</b> ” unit in any Family Community	President – Avondale (0-1 brs)
<input type="checkbox"/>	Beechwood* – Avondale (0-1 brs)	Riverview House – Walnut Hills (0-1 brs)
<input type="checkbox"/>	Evanston* – Evanston (0-1 brs)	San Marco – Walnut Hills (1 brs)
<input type="checkbox"/>	Maple Towers* – Avondale (1-2 brs)	Stanley Rowe Towers* (Linn Street) West End (0-1 brs)
<input type="checkbox"/>	Marquette Manor* – Fairmount* (0-1 brs)	Stanley Rowe* (Liberty Street) – West End (1-2 brs)
<input type="checkbox"/>	Park Eden – Walnut Hills (0-1 brs)	The Redding* – Avondale (0-1 brs)
<input type="checkbox"/>	Pinecrest – Price Hill (1-2 brs)	

\*ADA Units Available

**WAIT LIST CHOICE SHEET - CONTINUED**

**Scattered Sites Only Waiting Lists!!!**

Location	Check Areas of Interest (√)	Bedroom (BR) Sizes by Location							Total Available Units
		0 EFF	1 BR	2 BR	3 BR	4 BR	5 BR	6 BR	
Anderson Township		1	3	20	16	1			41
Arlington Heights			1	3	1				5
Avondale			8	29	26	10	15		88
Blue Ash					18				18
Bond Hill					3				3
Camp Washington				2					2
Carthage					4				4
Cheviot			1	8	2				11
Clifton			2	2					4
Colerain Township			9	17	23	1			50
College Hill				11	5	2			18
Columbia Township			4	1	1				6
Corryville							1		1
Deer Park			2	1	4				7
Delhi Township			7	14	4				25
East End					1				1
East Price Hill					4				4
Elmwood Place					1	1			2
Evanston			11		2				13
Fairfax					1				1
Fairview/Clifton Heights				3					3
Forest Park					6	1			7
Glendale			1	1					2
Golf Manor				1	2				3
Green Township		3	20	19	7	4			53
Greenhills				2	2	1			5
Harrison Township				4	4				8
Hartwell			8		3		1		12
Hyde Park		2	31	17	2				52
Kennedy Heights				1	4				5
Lincoln Heights					1				1
Lockland				2	7				9
Loveland					4				4
Madeira				10					10
Madisonville			12		6	2			20
Miami Township			4	8	5				17
Montgomery				6	2				8
Mt. Airy			1	8	4	3			16
Mt. Auburn				6	3				9
Mt. Healthy					4				4
Mt. Lookout				12					12
Mt. Lookout/Columbia Tusculum			4	4		1			9
Mt. Washington*			52	25	5	1			83
Newtown/Anderson					5				5
North Avondale/Paddock Hills*				6	6				12
North Fairmount/English Woods*				7	3				10
Northside				4	10				14
Norwood				3	13	2			18
Oakley			4	6	3	1			14
Over-the-Rhine*			6	10	12				28
Pleasant Ridge*			8	37	2				47
Pleasant Run Farm*				1	1				2
Reading				8	4				12
Riverside/Sayler Park				12	2				14
Sayler Park				4	1				5
Sharonville			8	3	5				16

	Check Areas of Interest (√)	0 EFF	1 BR	2 BR	3 BR	4 BR	5 BR	6 BR	Total Available Units
Silverton				3		1			4
South Cumminsville/Millvale*					11				11
South Fairmount				1	3				4
Springdale*					4	1			5
Springfield Township*					14	2			16
St. Bernard				1	2				3
Sycamore Township			7	8	21	1			37
Walnut Hills				9	39				48
West End*				2	6	6	2		16
West Price Hill				9					9
Westwood			1	33	7	2			43
Winton Place				2	6				8
Woodlawn*			2		8				10
Wyoming				5	1				6

\*ADA Units Available

PREFERENCES	CHECK ALL THAT APPLY	Points
Are you a victim of involuntary displacement due to government agency or natural disaster?		9
Are you a victim of domestic violence and currently receiving services through agencies like YWCA, Women Helping Women, etc?		9
Are you currently a victim of domestic violence and <b>not</b> receiving services through agencies like YWCA, Women Helping Women, etc?		4
Have you been a resident of an emergency shelter, or had to sleep in a place not meant for human habitation in the last month?		4
Are you a Veteran of the United States military forces?		4
Is the Head or Co-Head of the Household currently a full time student?		3
Is the Head or Co-Head of Household either:		3
• 62 years and older		
• Disabled		
• Consistently employed for the past 6 months and working at least 20 hours on a weekly basis		
Are you currently seeking family reunification through Hamilton County Job and Family Services		2
Are you willing to complete the Good Neighbor Program? (See enclosed)		2

Will you or any other family member require any of the following due to a handicap or disability?

Check all that apply.

<input type="checkbox"/>	<b>Fully Handicap Accessible Unit</b>
<input type="checkbox"/>	<b>Unit for Hearing/Sight Impairments</b>

