

**REQUEST FOR REASONABLE ACCOMMODATION/MODIFICATION AND  
AUTHORIZATION FOR RELEASE OF INFORMATION FORM**

If you would like to request a reasonable accommodation/modification on behalf of yourself or an applicant/resident of one of the Anderson Housing Authority's public housing dwellings, you may, but are not required to, complete this form. If you choose to fill out this form to make a reasonable accommodation/modification request, please return the form to the Anderson Housing Authority, Attn: Low Income Public Housing Manager, 528 W 11th St, Anderson, Indiana 46016. If you would like assistance in completing this form, please contact the Anderson Housing Authority's Low Income Public Housing Manager, in person at 528 W 11th St, Anderson, Indiana 46016, or by phone at (765) 641-2620. In the event the Anderson Housing Authority determines that verification of your disability or the medical need for the requested accommodation is required, you will be asked to complete the attached Authorization for Release of Information and to provide it to the Anderson Housing Authority at the above-referenced address. You may request a reasonable accommodation by communicating to the Anderson Housing Authority without completing this form. Your request will not be negatively affected by your decision not to complete this form. If you do not complete the form, the Housing Authority will complete the form as best it can to document the request.

Today's Date: \_\_\_\_\_

Name of applicant/resident who needs the accommodation/modification:

\_\_\_\_\_

Address and phone number of applicant/resident:

\_\_\_\_\_

Name and phone number of person to be contacted about request (if different than above):

\_\_\_\_\_

Summary of requested accommodation/modification and necessary reason for accommodation/modification:

\_\_\_\_\_

\_\_\_\_\_

HUD and any owner (and any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on consent forms. Use of the information collected on the basis of this verification is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined. An applicant or participant affected by negligent disclosure of information may bring civil action for damages and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 42 U.S.C. 208 (f) (g) and (h). Violations of these provisions are cited as violations of 42 U.S.C. 408 f, g, and h.

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**INITIAL RESPONSE:** (to be completed by AHA upon receipt of request for accommodation/modification)

- The applicant/resident's disability is known or obvious to AHA and the relationship between the disability and the requested accommodation/modification is apparent. The request will be reviewed without third-party verification.
- The applicant/resident's disability is known or obvious to AHA but the medical need for the accommodation/modification is not. Before the AHA can make a decision, it must have third-party verification of the disability-related need for the accommodation/modification. The applicant/resident must have his/her health care provider or other qualified professional complete the Third-Party Verification and submit it directly to the AHA.
- The applicant/resident's disability is not known to the AHA. The AHA requires third-party verification that the applicant/resident meets the definition of disabled and that there is a disability-related need for the accommodation/modification. The applicant/resident must have his/her health care provider or other qualified professional complete the Third-Party Verification and submit it directly to the AHA.

Date: \_\_\_\_\_

Printed name: \_\_\_\_\_ Signature: \_\_\_\_\_

**DECISION:** (to be completed by Anderson Housing Authority following review of request)

Accommodation/Modification Request:  Approved as Requested /  Approved with Alternative Accommodation/Modification /  Denied

A separate and completed Reasonable Accommodation/Modification Request Decision has been provided to the applicant/tenant.

Date: \_\_\_\_\_

Printed name: \_\_\_\_\_ Signature: \_\_\_\_\_

**AUTHORIZATION FOR RELEASE OF INFORMATION**

I, \_\_\_\_\_ (*print name of person with disability here*) have made a request for a reasonable accommodation/modification to the Anderson Housing Authority to accommodate my disability or otherwise modify my dwelling or other part of the housing development, in order to have equal access due to my disability. I hereby authorize you to share any information with the Anderson Housing Authority, in addition to the United States Department of Housing and Urban Development (HUD), that will help verify that I am disabled and explain why I need the accommodation/modification that I am seeking, as verification of my eligibility and need for the requested change. I understand that this information will be kept confidential and used only for the purposes stated above. I may withdraw this permission at any time. This Authorization does not authorize the Anderson Housing Authority to examine my medical records.

Name of person to provide medical verification:

\_\_\_\_\_

Address:

\_\_\_\_\_

Telephone: \_\_\_\_\_

Fax Number: \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of individual with a disability/guardian

\_\_\_\_\_  
Printed name of individual with a disability/guardian

\_\_\_\_\_  
Date of birth of individual with a disability

**REASONABLE ACCOMMODATION/MODIFICATION REQUEST DECISION**

Applicant/resident name: \_\_\_\_\_ Date: \_\_\_\_\_

Address of applicant/resident: \_\_\_\_\_

Dear Applicant/Resident:

We have completed the review of your request for a reasonable accommodation/modification. The following is the outcome of the review:

- We approve the request.
- We approve the request with the following modifications(s):  
\_\_\_\_\_  
\_\_\_\_\_
- We are unable to approve the request because you do not meet the definition of a person with a disability. Therefore, we are not required to provide you with a reasonable accommodation/modification.
- We are unable to approve the request because it will fundamentally change the nature of our housing program.
- We are unable to approve the request because it will create an undue financial or administrative hardship for us.
- We are unable to approve the request because it is not structurally feasible.
- We are unable to approve the request because there is no identifiable nexus between the requested accommodation/modification and the disability.
- We are not yet able to fully evaluate the request because we have not yet received sufficient information about your request. Please promptly provide the Housing Authority with the following: \_\_\_\_\_
- Other: \_\_\_\_\_

This request was reviewed and its recommended action authorized by:

\_\_\_\_\_  
Executive Director

\_\_\_\_\_  
Date

Please acknowledge receipt of this decision by signing and dating this decision notice below and return it to the Anderson Housing Authority.

\_\_\_\_\_  
Applicant's/resident's name

\_\_\_\_\_  
Date