



# Stark Metropolitan Housing Authority

400 East Tuscarawas St.

Canton, OH 44702

PH: 330-454-8051

FX: 330-580-9000



## REQUEST FOR A REASONABLE ACCOMMODATION OR MODIFICATION

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ PH AMP: \_\_\_\_\_

SMHA Staff Member: \_\_\_\_\_ Department: \_\_\_\_\_

1. The following member of my household has a disability

Name of household member: \_\_\_\_\_

Date of Birth of household member: \_\_\_\_\_

as defined by Federal laws as "any person who has a physical or mental impairment that substantially limits one or more major life activities; has a record of such impairment; or is regarded as having such an impairment." In general, a physical or mental impairment includes hearing, mobility and visual impairments, chronic alcoholism, chronic mental illness, AIDS, AIDS Related Complex, and mental retardation that substantially limits one or more major life activities. Major life activities include walking, talking, hearing, seeing, breathing, learning, performing manual tasks, and caring for oneself.

2. As a result of mine or my family member's disability, the following change or changes are requested so that we can participate equally and successfully in the Section 8 &/or the Public Housing Programs.

### Check the kind of change(s) you need.

A change in the way we communicate with you (written, verbal, electronic, interpretation, etc.)

A change in the following rule, policy, services or procedure \_\_\_\_\_

A modification to my unit. Describe: \_\_\_\_\_

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

3. Based on mine or my household member's disability, the accommodation or modification is needed because or in order to: What alternative accommodation could meet the same need should the request made be unavailable or deemed unreasonable?

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



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4. SMHA may verify that I or my household member has a disability and needs this accommodation as a result of a disability, by contacting the following qualified third party professional\*\*:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip Code: \_\_\_\_\_

**\*\*Requested Accommodations and/or Modifications that obviously meet the need of the requestor need not be verified by a third party professional.**

**I give you permission to contact the above individual for purposes of verifying that I or a family member has a disability and need the reasonable accommodation/modification requested above. I understand that the information you obtain will be kept completely confidential and used solely to determine if you will provide an accommodation or unless disclosure is required by Law.**

Signed: \_\_\_\_\_

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

Printed Name: \_\_\_\_\_