Moundsville Housing Authority
501 Tenth Street – Moundsville, WV 26041
Phone (304) 845-3141 – Fax (304) 845-3147

REQUEST FOR REASONALBLE ACCOMMODATION/MODIFICATION

Date of Original Request ❑Verbal ❑ Written *(check one)*

Date Form Completed (If Different From Date of Original Request): _____

Family Head of Household: _____

Address: _____

Cell Phone: _____ Home Telephone: _____

E-mail Address: _____

Name of Family Member Requiring Reasonable Accommodation: _____

Justification of Need:

_____
_____
_____
_____

Accommodation Requested (Be as specific as possible, e.g., interpreter, emotional support or assistance animal, ramp at front door, transfer, etc.):

_____
_____
_____
_____

If Accommodation is time-sensitive, please explain:

_____
_____

❑ 3rd Party Verification of Need Attached.

*You do not have to attach 3rd **party** documentation to this request to invoke your rights to reasonable accommodation. Verifications **may** be obtained **after** you submit your request, but before a decision is made.*

_____ _____
Signature/Requestor Date Requested

_____ _____
Signature/PHA Representative Receiving Request Date Received

FORM 3006

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VERIFICATION FOR DETERMINING REASONABLE ACCOMMODATION/MODIFICATION NEEDS

APPLICANT/PROGRAM PARTICIPANT REQUESTING REASONABLE ACCOMMODATION/MODIFICATION

NAME: _____ SS# _____

ADDRESS: _____

The person named above has requested an accommodation or modification under a program funded by the U.S. Department of Housing and Urban Development (HUD). HUD requires the PHA to verify all information that is used in determining this person's level of benefits. The Applicant/Program Participant, by his/her signature at the bottom of the following page has signed this release and requests that you provide the requested information to the PHA.

We ask your cooperation in providing the following information and returning it to the person listed at the top of the page. Your prompt return of this information will help to ensure timely processing of the application for assistance.

Please check mark the specific accommodations or modifications in housing that are required for this person:

❒ Handicap Parking Space	❒ Designated Parking Space	❒ 504 (Wheelchair) accessible unit	❒ Maximum mobility distance _____ feet
❒ Shower/Tub Grab Bar	❒ Grab Bar at Toilet	❒ Separate Sleeping Room	❒ Lighted Door Bell
❒ Strobe Smoke Detector	❒ Brighter Lighting	❒ Additional room for medical equipment	❒ Range with Front Controls
❒ Lever Door Knobs	❒ Door Bell	❒ Motion Sensor Porch Light	❒ Ramp to Unit
❒ Emotion Support or Assistance Animal	❒ Other – please specify:		

❒ Live-in Aide

Please complete the following

During what hours are the services of a live-in aide required?

❒ Nighttime/Sleeping Hours Only ❒ Daytime Hours
❒ 24 Hours A Day ❒ Other *(specify)*: _____

How many days per week are the services of a live-in aide required?

❒ 7 Days Per Week ❒ Weekdays Only
❒ Weekends Only ❒ Other *(specify)*: _____

How long will a live-in aide be required?

❒ Indefinitely ❒ 1 Month or Less
❒ 1-3 Months ❒ Other *(specify)*: _____

Special qualifications required of live-in aide to meet patient's needs *(check all that apply)*

❒ LVN ❒ RN ❒ Physical Therapist ❒ Read/Speak Spanish
❒ Ability to Lift/Carry over 50 lbs. ❒ Read/Speak English
❒ Ability to Lift/Carry over 100 lbs. ❒ Other *(specify)*: _____
❒ No Special Qualifications Are Required

NAME AND TITLE OF PERSON SUPPLYING INFORMATION

FIRM/ORGANIZATION/MEDICAL FACILITY

DATE

SIGNATURE

RELEASE: I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is no older than 12 months.

Signature _____ Date: _____

Note to Applicant/Tenant: You do not have to sign this form if either the requesting organization or the person/organization supplying the information is left blank.

WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentation to any Department or Agency of the United States as to any matter within its jurisdiction.