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Para adquirir la versión traducida, por favor comuníquese al 312-935-2600

REQUEST FOR REASONABLE ACCOMMODATION FORM

If you need this document in a different language or LARGER FONT or if you need a reasonable accommodation (persons with disabilities), please call 312-935-2600 or TTY: 312-461-0079. Advance notice of seven days is required in order to arrange for interpreter services.

Date of Request: \_\_\_\_\_

Name (Head of Household): \_\_\_\_\_ Voucher #: \_\_\_\_\_

Address: \_\_\_\_\_ City, State and ZIP Code: \_\_\_\_\_

Who is requesting the accommodation? [ ] Head of Household
[ ] Household Member: \_\_\_\_\_ (Name)

Please Note: The household member requesting the accommodation(s) must meet HUD's definition of disabled.

1. What accommodation(s) are being requested? (Please be specific)

[ ] Extra time to locate to a unit due to disability related reasons. Please explain the hardship you have faced due to your disability in finding a unit in the past and demonstrate the connection between your disability and the need for the extension.

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

[ ] Lease a unit owned by a relative. Please describe why renting from a relative will assist you. Note: This same relative MAY NOT actually live in the unit with the participant requesting the accommodation.

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

[ ] Change in the Payment Standard. Please describe the special features or location of the specific unit below. Note: Only request this accommodation AFTER a specific unit is found that meets the disability-related needs.

Is this needed because of required accessibility amenities? [ ] Yes [ ] No

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

[ ] Additional Utility Allowance. For medical equipment that uses extra electricity.

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

Eff. 05172018, CHA-0121: Reas Accommodation

CHA HOUSING CHOICE VOUCHER PROGRAM OFFICE LOCATIONS

[ ] Central Office 60 E. Van Buren Street, Chicago, IL 60605
CHA Customer Call Center / TTY 312-935-2600 / 312-461-0079
[ ] South Office 10 W. 35th Street, Chicago, IL 60616
Web www.thecha.org/hcv
[ ] West Office 2750 W. Roosevelt Road, Chicago, IL 60608
Email hcv@thecha.org



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- Extra bedroom for a person with a disability.** Please explain why you need an extra bedroom and submit additional documentation to sufficiently justify the request.

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- Extra bedroom for equipment.** Please specify, in detail, the type and size of the equipment.

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**Adding one of the following household members.** (Please see table below that highlights the differences between a Live-In Aide and an additional household member.)

- Live In Aide.** I require a person to live in the unit with me to administer care. This person is not just visiting help and does not come and go in specific shifts.

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- Additional family member.** This person is different than a Live-In Aide as they are not essential to the care and well-being of the person and not obligated for the support of the person.

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	Live In Aide	Family Member
Essential to the well-being and care of the head of household?	Yes	No
Income counted toward household rent calculation?	No	Yes
Would be able to become the head of household if the current head of household relinquishes the voucher?	No	Yes

- Special communication.** For either a person with visual impairments (written material in alternate formats, such as large print) or hearing impairments (sign language interpretation services at meetings with CHA).

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**CHA HOUSING CHOICE VOUCHER PROGRAM OFFICE LOCATIONS**

<p><input type="checkbox"/> <b>Central Office</b>          60 E. Van Buren Street, Chicago, IL 60605  <b>CHA Customer Call Center / TTY</b>          312-935-2600 / 312-461-0079</p>	<p><input type="checkbox"/> <b>South Office</b>          10 W. 35th Street, Chicago, IL 60616  <b>Web</b>  <a href="http://www.thecha.org/hcv">www.thecha.org/hcv</a></p>	<p><input type="checkbox"/> <b>West Office</b>          2750 W. Roosevelt Road, Chicago, IL 60608  <b>Email</b>  <a href="mailto:hcv@thecha.org">hcv@thecha.org</a></p>
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[ ] Other policy or rule change needed. Please explain below.

Three horizontal lines for explaining policy changes.

Note: If necessary, HCV Program staff may fill in the name, voucher number and requested accommodation on behalf of the Participant.
Signature of HCV Program staff, if applicable: X \_\_\_\_\_

3. Please list the contact information of the knowledgeable professional who can verify that you have a disability warranting the accommodation(s).

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

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

4. Release of Information:

I certify that the information provided on this form is true and accurate. I give CHA permission to discuss the requested accommodation with my knowledgeable professional.

Note: The knowledgeable professional listed will receive a copy of this form.

Signature of Participant \_\_\_\_\_

Date \_\_\_\_\_

Fraud and False Statements: Title 18, Section 1001 of the U.S. Code states that a person who knowingly and willingly makes false and fraudulent statements to any department or employee of the United States Government, HUD, a Public Housing Authority or a Property Owner may be subject to penalties that include fines and/or imprisonment.

If you have any questions, please call the CHA Customer Call Center at 312-935-2600 (TTY: 312-461-0079) or Department of Housing Rights and Nondiscrimination at 312-913-7072 (TTY: 708-714-9131).

For Office Use Only:

A copy of this form must be sent to CHA's Department of Housing Rights and Nondiscrimination.

[ ] Needs Department of Housing Rights and Nondiscrimination review and recommendation.

[ ] Approved. Send as FYI to Department of Housing Rights and Nondiscrimination.

[ ] Expedite. Check if the request should be considered on an emergency basis.

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