



# HOUSING AUTHORITY

OF THE COUNTY OF KERN

*Creating brighter futures...one home, one family at a time*

## REQUEST FOR A REASONABLE ACCOMMODATION

On this form you may request that the Housing Authority of the County of Kern provide reasonable accommodations for any member of your household who has a disability.

|      |                   |            |
|------|-------------------|------------|
| Date | Head of Household | Tenant ID# |
|------|-------------------|------------|

### ACCOMMODATION REQUEST

Family Member's Name

|                      |               |                         |
|----------------------|---------------|-------------------------|
| Last 4 digits of SSN | Date of Birth | Telephone Number<br>( ) |
|----------------------|---------------|-------------------------|

Describe the accommodation you/they are requesting:

Describe why this accommodation is needed and how it relates to a disability:

|  |                       |
|--|-----------------------|
| Name of person completing this section | Signature<br><b>X</b> |
|--|-----------------------|

### THIRD PARTY INFORMATION

The Authority may require documentation to support your reasonable accommodation request. A physician, licensed health care professional, professional representing a social service agency, disability agency or clinic may provide verification of your disability.

|                                  |                           |
|----------------------------------|---------------------------|
| Organization/Office Name (print) | Individual's Name (print) |
|----------------------------------|---------------------------|

Address

|      |       |          |
|------|-------|----------|
| City | State | Zip Code |
|------|-------|----------|

|                         |                   |               |
|-------------------------|-------------------|---------------|
| Telephone Number<br>( ) | Fax Number<br>( ) | Email Address |
|-------------------------|-------------------|---------------|

### RELEASE OF INFORMATION THIRD PARTY VERIFICATION

I, \_\_\_\_\_ authorize \_\_\_\_\_  
*Resident's or Applicant's Name* *Name of Third Party*

to release the requested information to the Housing Authority of the County of Kern. I also, authorize the housing agency to release to the third party my completed *Request for Reasonable Accommodation* and *Verification of Need for Reasonable Accommodation* form and to verify the contents with the professional.

\_\_\_\_\_  
**Requesting Individual's Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Head of Household's Signature**

\_\_\_\_\_  
**Date**





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### VERIFICATION OF NEED FOR REASONABLE ACCOMMODATION

The individual listed below considers him or herself to be disabled and has asked for an accommodation from this agency to meet certain needs he or she believes are dictated by the disability. The Housing Authority of the County of Kern grants reasonable accommodation requests based in part by verification of need from a physician, licensed health care professional, professional representing a social service agency, disability agency or clinic, who has direct experience with an individual's disability. You have been authorized to release information to us regarding the need for an accommodation. In order to maintain client confidentiality, we require this information to be returned to:

**Housing Authority Representative:**

**Email:**

| PART I. INDIVIDUAL'S INFORMATION |            |               |                            |
|----------------------------------|------------|---------------|----------------------------|
| Last Name                        | First Name | Last 4 of SSN | Date of Birth              |
| Address                          |            |               |                            |
| City                             | State      | Zip Code      | Telephone Number<br>(    ) |

| PART II. VERIFICATION   |
|---|
| <ol style="list-style-type: none"> <li>1. Does this individual meet the definition of having a disability under either definition in Attachment "A"?<br/> <input type="checkbox"/> Yes    <input type="checkbox"/> No</li> <li>2. In your professional opinion, is there a nexus between the disability and the requested accommodation?<br/> <input type="checkbox"/> Yes    <input type="checkbox"/> No</li> <li>3. In order to afford the individual an equal opportunity to use and enjoy the unit, program, or services, this accommodation should be kept in place until: _____.</li> </ol> |

| PART III. ADDITIONAL INFORMATION   |
|--|
| <ol style="list-style-type: none"> <li>1. Is it your professional opinion that a live-in aide is necessary to afford the individual an equal opportunity to use and enjoy the unit, and to fulfill the lease obligations?    <input type="checkbox"/> Yes    <input type="checkbox"/> No    <input type="checkbox"/> N/A</li> <li>2. Is it your professional opinion that a daily in-home provider would not be an equal alternate accommodation to a live-in aide?    <input type="checkbox"/> Yes    <input type="checkbox"/> No    <input type="checkbox"/> N/A</li> <li>3. Is it your professional opinion that the individual requires an additional bedroom to allow an equal opportunity to use and enjoy the unit, and to fulfill the lease obligations?    <input type="checkbox"/> Yes    <input type="checkbox"/> No    <input type="checkbox"/> N/A               <ol style="list-style-type: none"> <li>a. If yes, what would the extra bedroom be used for:<br/> <input type="checkbox"/> Live-in Aide    <input type="checkbox"/> Medical Equipment of Assistive Device<br/> <input type="checkbox"/> Other: _____</li> </ol> </li> </ol> |

| PART IV. CERTIFICATION  |  |                            |   | Place Office Stamp in This Space or Attach Office Letterhead |  |
|---|--|----------------------------|---|--|--|
| I declare under penalty of perjury under the laws of the State of California that the foregoing information is true and correct. (California Penal Code Section 118.) |  |                            |   |  |  |
| Provider's Signature<br><b>X</b>  |  |                            |   | Date   |  |
| Provider's Name (print)   |  |                            | License or Certificate Number & Issuing State |  |  |
| Title   |  |                            |   |  |  |
| Address   |  |                            |   |  |  |
| City  |  |                            |   | State  |  |
| Zip Code  |  | Telephone Number<br>(    ) |   | Date Form Received   |  |
| Field Office  |  |                            |   | Date   |  |
| <b>HA Completes This Section</b>  |  |                            |   |  |  |

**ATTACHMENT “A”  
DEFINITION OF DISABILITY**

Fair Housing Act: 42 U.S.C. 802 (h)

- (1) A physical or mental impairment which substantially limits one or more of such person’s major activities,
- (2) A record of having such an impairment, or
- (3) Being regarded as having such an impairment, but such term does not include current, illegal use of or addiction to a controlled substance (as defined in section 102 of the Controlled Substances Act (21 U.S.C. 802)

California Government Code Section 12926

(j) “Mental disability” includes, but is not limited to all of the following:

(1) Having any mental or psychological disorder or condition, such as intellectual disability, organic brain syndrome, emotional or mental illness, or specific learning disabilities, that limits a major life activity. For purposes of this section:

(A) “Limits” shall be determined without regard to mitigating measures, such as medications, assistive devices, or reasonable accommodations, unless the mitigating measure itself limits a major life activity.

(B) A mental or psychological disorder or condition limits a major life activity if it makes the achievement of the major life activity difficult.

(C) “Major life activities” shall be broadly construed and shall include physical, mental and social activities and working.

(2) Any other mental or psychological disorder or condition not described in paragraph (1) that requires special education or related services.

(3) Having a record or history of a mental or psychological disorder or condition described in paragraph (1) or (2), which is known to the employer or other entity covered by this part.

(4) Being regarded or treated by the employer or other entity covered by this part as having, or having had, a mental or psychoactive substance use disorders resulting from the current unlawful use of controlled substances or other drugs.

(m) “Physical disability” includes, but is not limited to, all the following:

(1) Having any physiological disease, disorder, condition, cosmetic disfigurement, or anatomical loss that does both of the following:

(A) Affects one or more of the following body systems: neurological, immunological, musculoskeletal, special sense organs, respiratory, including speech organs, cardiovascular, reproduction, digestive, genitourinary, hemic and lymphatic, skin and endocrine.

(B) Limits a major life activity. For purposes of this section.

(i) "Limits" shall be determined without regard to mitigating measures such as medications, assistive devices, prosthetics, or reasonable accommodations, unless the mitigating measure itself limits a major life activity.

(ii) A physiological disease, disorder, condition, cosmetic disfigurement, or anatomical loss limits a major life activity if it makes the achievement of the major life activity difficult.

(iii) "Major life activities" shall be broadly constructed and includes physical, mental, and social activities and working.

(2) Any other health impairment not described in paragraph (1) that requires special education or related services.

(3) Having a record or history of a disease, disorder, condition, cosmetic disfigurement, anatomical loss, or health impairment described in paragraph (1) or (2), which is known to the employer or other entity covered by this part.

(4) Being regarded or treated by the employer or other entity covered by this part as having, or having had, any physical condition that makes achievement of a major life activity difficult.

(5) Being regarded or treated by the employer or other entity covered by this part as having, or having had, a disease, disorder, condition, cosmetic disfigurement, anatomical loss, or health impairment that has no present disabling effect but may become a physical disability as described in paragraph (1) or (2).

(6) "Physical disability" does not include sexual behavior disorders, compulsive gambling, kleptomania, pyromania, or psychoactive substance use disorders resulting from the current unlawful use of controlled substances or other drugs.