



415 W. Main Street
Smethport, PA 16749
(814) 887-5563
Relay #: 711

~INSTRUCTIONS~ Request For Accessible Parking

*****IMPORTANT*****

*This Request for Accessible Parking **MUST** be made by the **HEAD OF HOUSEHOLD**, for him/herself or on behalf of another member of the family.*

This form is available on MCHA's website at www.mckeancountyhousing.com and can be viewed on your computer in an accessible format.

If you need assistance in reading or understanding these instructions, or require an interpreter, please contact your site manager/leasing officer for assistance.

*Si necesita ayuda para leer o entender estas instrucciones, o necesita un intérprete, por favor contacte a su administrador del sitio / agente de arrendamiento para asistencia.
(Spanish Language)*





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~INSTRUCTIONS~

*****CONSIDER THIS FIRST*****

***IF YOU ARE AN MCHA SECTION 8 PARTICIPANT: DON'T
FILE THIS FORM. MCHA Does Not Approve Accessible Parking
For Section 8 Participants.
You Should Submit A Request to Your Landlord.***

Is the Person Filling Out This Form the Head of Household?

This Request for Reasonable Accommodation/Modification MUST be made by the HEAD OF HOUSEHOLD, for him/herself or on behalf of another member of the family. It also can be made by the Head of Household's representative on behalf of the Head of Household, such as his/her advocate, social worker, family member or friend, etc.

Do You Have Any Questions About this Form or the Process?

Your site manager or leasing officer is ready to assist you. Contact them with any questions.

Who Is Entitled To Accessible Parking?

MCHA clients with a disability who have mobility or other impairments that make it significantly difficult to access their housing unit from the nearest parking lot may require a form of accessible parking as a reasonable accommodation. MCHA will give due consideration to the type of accessible parking that you prefer, and MCHA will endeavor to provide you parking that fully meets your needs, while considering the parking needs of its other residents and the financial and administrative burdens on MCHA.





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~INSTRUCTIONS~

You must be considered “disabled” in order to request that MCHA purchase an auxiliary aid for your use. To be considered “disabled,” an individual must meet three (3) qualifications:

1. The individual must ***meet the definition of being “disabled”*** under relevant federal law. A person is considered “disabled” for purposes of accommodations if s(h)e:
 - Currently has a mental, emotional, developmental, or physical impairment that substantially limits one or more major life activities
 - or-
 - Has a record of having a disability in the past,
 - or-
 - Has been regarded by MCHA as having a disability.
2. The individual must ***be in good standing with MCHA:***
3. The individual ***cannot be in one of the categories of persons considered not qualified*** by virtue of certain past or present unlawful conduct. These categories are:
 - Juvenile offenders – these are minors who have been adjudicated as juvenile delinquents in the juvenile justice system
 - Sex offenders
 - Individuals convicted of the illegal manufacture or distribution of a substance designed by the federal government as a “controlled substance” (*i.e.*, an illegal drug)
 - Individuals with a current, illegal use of or addiction to a controlled dangerous substance
 - Individuals whose illegal use of drugs or use of alcohol interferes with the health, safety, or peaceful enjoyment of the premises of others
 - Individuals posing a “direct threat” to the health and safety of others, where the direct threat cannot be eliminated by a reasonable accommodation
 - Individuals causing substantial monetary damage to property of another





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What Types of Accessible Parking Does MCHA Provide?

MCHA provides four (4) types of accessible parking:

1. Access to a nearby "Pick-up/Drop-off" area
2. Reserved regular parking space nearby Requestor's housing unit
3. Fully-accessible parking space
4. Reserved fully-accessible parking space-

Provision of this accommodation may require a transfer to a nearby housing unit in the existing or another development.

This Request for Auxiliary Aid form has three (3) sections. Following are instructions for each section:

SECTION 1 OF 3: Requestor Information

In this section, the HEAD OF HOUSEHOLD fills out his/her contact information. Be sure you fill it out carefully in case we need to communicate with your regarding aspects of your request.

If you are unaware of your current status with MCHA, please contact your site manager or leasing officer.

You also must indicate the *FULL NAME* and age of the member of your family with the disability who needs the auxiliary aid.

You will describe the limitations that your family member has related to his/her parking needs.





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~INSTRUCTIONS~

SECTION 2 OF 3: Type of Accessible Parking Needed

In this section you specify which of the four (4) types of accessible parking you will accept, and rank them according to your preference:

- A. Access to a nearby "Pick-up/Drop-off" area
- B. Reserved regular parking space nearby Requestor's housing unit
- C. Fully-accessible parking space
- D. Reserved fully-accessible parking space-

You also will state whether, and to what extent, you would be willing to transfer to another unit to meet your accessible parking needs.

SECTION 3: 3rd Party Verification of Need For Accessible Parking

All requests that pertain to disabilities that are not "obvious" or "known" to MCHA MUST be verified by a licensed, third party knowledgeable professional that has worked with the family member with disabilities, and can verify how that family member's disability affects their housing needs. This professional also will verify that the auxiliary aid that you request is medically necessary with respect to the family member with a disability's participation in MCHA's housing, housing program, or services.

You will provide MCHA their contact information so that we can send them the verification form and follow-up with them, as necessary. We also need for you to fill out our written consent form before we contact them. The information MCHA obtains will be kept completely confidential and used solely to determine whether or not to approve your request.

Some examples of licensed, third party professionals that can provide this verification are medical doctors, registered nurses, licensed social workers, psychologists and psychiatrists.

Some examples of individuals with "obvious" disabilities are the legally blind, legally deaf, those who exclusively use wheelchairs due to mobility impairments, etc. For these disabilities you WILL NOT need to get 3rd party verification that your family member meets





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the definition of being “disabled.” However, you MAY need to get 3rd party verification of the medical need for the exact type of accessible parking that you are requesting. Certain types of accommodations are “obviously” needed for certain “obvious” disabilities; but others are not. Contact your site manager/leasing officer if you have questions about whether 3rd party verification is necessary.

MCHA will need you to provide written consent for MCHA to send your 3rd party verifier the verification form and otherwise interact with her/him to verify your request. You should use MCHA’s *Consent For Interactions With Third Parties Form* (MCHA-RA14).

MCHA Will Engage In the Interactive Process With You

Upon receipt of a complete Request for Accessible Parking, MCHA will work with you and your 3rd party verifier to process your request.

~END OF INSTRUCTIONS~





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*****IMPORTANT*****

*This Request for Reasonable Accommodation/Modification
MUST be made by the HEAD OF HOUSEHOLD, for
him/herself or on behalf of another member of the family.*

~Please Read The Attached Instructions For This Form~

***If you need assistance in filling out this form, or require
an interpreter, please contact your site
manager/leasing officer for assistance.***

***Si necesita ayuda para llenar este formulario, o
necesita un intérprete, por favor, póngase en contacto
con su sitio oficial encargado / oficial leasing
para obtener ayuda.
(Spanish Language)***





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***This Form has four (4) sections to be filled out
by the Head of Household:***

SECTION 1 OF 4: Requestor Information

HEAD OF HOUSEHOLD'S INFORMATION:

NAME: _____
CLIENT #: _____
ADDRESS: _____
TELEPHONE #: _____
CELL #: _____
EMAIL ADDRESS: _____

SITE MANAGER/LEASING OFFICER'S NAME: _____

HEAD OF HOUSEHOLD'S STATUS IS:

- Applying to MCHA's Public Housing program
- Applying to MCHA's Section 8 program
- Applying to Another MCHA program
- Currently on the _____ Waiting List
- Currently a MCHA Public Housing Resident
- Current a MCHA Voucher Holder, Looking For A Unit
- Current a MCHA Section 8 Participant Living In A Section 8 Unit
- Not Sure Of My Status
- Other: _____

MY FAMILY MEMBER WITH A DISABILITY NEEDING ACCESSIBLE PARKING:

_____ [List full name] _____ [Date of Birth] _____ [Age]





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MY FAMILY MEMBER WITH A DISABILITY HAS THE FOLLOWING LIMITATIONS:

(check all that apply)

- My family member currently lives in a fully-accessible housing unit
- My family member currently lives in a housing unit that is not fully-accessible, but has some mobility accessibility features
- My family member currently is unable to walk at all, even with assistance
- My family member currently walks with the assistance of a (describe: _____)
- My family member currently is blind
- My family member currently is not blind, but has significant sight impairment
- My family member has a verified disability, but does not meet any of the other categories above
- Other [please explain] _____

DOES THE HEAD OF HOUSEHOLD OR OTHER HOUSEHOLD MEMBER OWN, LEASE, OR HAVE EXCLUSIVE ACCESS TO A VEHICLE THAT WILL BE USED TO ASSIST THE DISABLED FAMILY MEMBER?

- No
- Yes

Household member: _____

Vehicle's make, model, and tag number: _____

Number of doors in vehicle: **(check one)** ___2___ ___4___

If your answer to the above question was "No," who's vehicle will be using the accessible parking space? Please explain, and identify the person's relationship to the Disabled Family Member:





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HOW OFTEN WILL THE VEHICLE BE KEPT OVERNIGHT IN THE ACCESSIBLE PARKING SPACE?

- Every single day/night
- 1-2 times per week
- About once per week
- About once a month
- Other (describe): _____

SECTION 2 OF 4: Need For Accessible Parking

A. PLEASE DESCRIBE THE TYPE OF ACCESSIBLE PARKING THAT YOU WILL ACCEPT:

In this section you specify which of the four (4) types of accessible parking you will accept, and rank them (1,2,3,4) according to your preference, with 1 being your first choice and 4 being your last choice. If you will not accept one of the options, leave it out of your ranking:

- Access to a nearby "Pick-up/Drop-off" area nearby my unit
- Fully-accessible parking space in the parking lot
- Reserved regular parking space nearby my unit
- Reserved fully-accessible parking space in the Parking lot

B. WOULD YOU MOVE TO ANOTHER HOUSING UNIT IN YOUR DEVELOPMENT OR ANOTHER DEVELOPMENT IN ORDER TO MEET YOUR ACCESSIBLE PARKING NEEDS?

(check all that apply)

- Yes, I would move to the first available unit in any development
- Yes, I would only move to another unit in my development
- No, I am not willing to move.





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SECTION 3 OF 4: Need for Accessible Parking

A. Please describe completely *WHY* the family member with a disability *NEEDS* Accessible Parking, as opposed to regular parking. Detail any hardships s(h)e already has faced and those that s(h)e is likely to face, without Accessible Parking. EXPLAIN HOW THIS IS RELATED TO *HOUSING*.





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SECTION 4 OF 4: 3rd Party Verification of Need For Accessible Parking

A. Please provide us contact information for the licensed professional who can verify your disability and your need for Accessible Parking:

The information obtained by MCHA will be kept completely confidential, to the extent permitted by law, and will be used solely to make a determination regarding your request.

Verifier's Name: _____

Organization Name: _____

Verifier's Title: _____

Telephone Number: _____

Email Address: _____

Street Address: _____

City, State, Zip Code: _____

[IMPORTANT: PLEASE ALSO PROVIDE US A SIGNED CONSENT FORM GIVING US PERMISSION TO CONTACT YOUR 3RD PARTY VERIFIER].

We cannot process your request without it.

[PROCEED TO THE LAST PAGE TO SIGN THIS FORM]





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SIGNATURES:

WARNING: FRAUDULENT AND FALSE STATEMENTS

THERE ARE FINES AND IMPRISONMENT (\$250,000/5 YEARS) FOR ANYONE WHO MAKES FALSE, FICTITIOUS, OR FRAUDULENT STATEMENTS OR ENTRIES IN ANY MATTER WITHIN THE JURISDICTION OF THE FEDERAL GOVERNMENT.

ANY PERSON WHO KNOWINGLY AND MATERIALLY VIOLATES ANY REQUIRED DISCLOSURE OF INFORMATION, INCLUDING INTENTIONAL NONDISCLOSURE, IS SUBJECT TO A CIVIL MONEY PENALTY NOT TO EXCEED \$10,000 FOR EACH VIOLATION.

TITLE 18, SECTION 1001 OF THE U.S. CODE

I certify under the penalty of perjury that the information in this Request is true and correct.

HEAD OF HOUSEHOLD:

[Signature]

Date

[Printed Full Name]

FAMILY MEMBER WITH A DISABILITY:

(To be signed by a parent or legal guardian or custodian if this is a minor child):

[Signature]

Date

[Printed Full Name]

