

## ~INSTRUCTIONS~

### Request For Reasonable Accommodation/Modification (General Request)

**\*\*\*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.*

*This form is available on MCHA's website at  
[www.mckeancountyhousing.com](http://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)*

## ~INSTRUCTIONS~

### \*\*\***CONSIDER THIS FIRST**\*\*\*

#### ***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/contract specialist is ready to assist you. Contact them with any questions.

#### ***You Will Need To Return to MCHA The Following Documents Completely Filled Out Before MCHA Can Approve Your Request:***

✓ Use The "Proper" Request Form

MCHA utilizes different request forms depending upon the accommodation that you need. Make sure that you are using the correct form. DO NOT use this form if you are seeking a ***Live-In Aide, Assistance Animal, Accessible Parking, or Stay of Termination of Benefits or Eviction*** (to avoid termination or an eviction). Use this ***General form*** for general requests and everything else.

**(YOU ARE NOW USING THE GENERAL REQUEST FORM)**

✓ Consent For Third Party Interaction Form

✓ Some accommodations also require you and other family members to sign an agreement

✓ Some accommodations also require you to sign a lease addendum

## ~INSTRUCTIONS~

### *Who Is Entitled To A Reasonable Accommodation or Reasonable Modification?*

Only people considered “disabled” under the federal rules that MCHA must use are entitled to reasonable accommodations and modifications. In order to be considered “disabled,” an individual must meet three (3) qualifications:

1. S(h)e 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

## ~INSTRUCTIONS~

### ***Are You Looking For A Reasonable Accommodation or Reasonable Modification?***

A "Reasonable Accommodation" is a change or exception to a MCHA policy, rule, or procedure that someone with a disability may need in order to fully enjoy their housing or participate in MCHA's housing programs and services. *Examples are approval for an assistance animal to reside in a "no pets" building, or waiver of the "pet fee."*

The form provides you a list of common accommodations from which to choose. You place a check mark next to the change or exception that you need. If you don't see what you need among the list, choose the "Other" option and explain.

A "Reasonable Modification" is a structural change, addition, or feature that is made to property so that someone with a disability can live in their home to the same degree as someone without disabilities. *Examples are installation of grab bars, or the lowering of cabinets and counters in order for wheelchair access.*

The form provides you a list of common modification from which to choose, in 3 categories: 1) installations in your unit, 2) transfers to another unit that has the features you need, and 3) "Other" if you require some other modification not among the other two choices. You place a check mark next to the modification that you need. If you don't see your need among the list, choose the "Other" option and explain.

### ***What Type of Accommodations/Modifications Are NOT Reasonable And Will NOT Be Approved?***

MCHA has the obligation to approve requests for accommodations and modifications that are reasonable. A request that places an undue financial and administrative burden on MCHA is unreasonable. *An example of an undue financial burden is a request that MCHA rehabilitate a client's existing public housing unit at great expense to MCHA, when MCHA could transfer the client to another unit available elsewhere that meets the client's needs.*

## ~INSTRUCTIONS~

Additionally, a request that fundamentally alters the nature of MCHA's housing program also is unreasonable.

*An example of such a request is when a MCHA client requests that MCHA perform transportation or house-cleaning services. Since MCHA is a housing provider, and not a transportation or housecleaning company, to grant that request would fundamentally alter the nature of what MCHA operates to do - that is, provide housing and housing services.*

Finally, some physical modifications to units may not be physically feasible to safely provide, such as when the infrastructure will not support it.

*As an example, someone asks for MCHA to install an access ramp to their front door but the topography won't support a ramp because it is located in a flood zone or is especially hilly.*

**[GO TO THE NEXT PAGE]**

## ~INSTRUCTIONS~

The Request for Accommodations or Modifications form has three (3) sections for the Head of Household to fill out. 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 you 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 accommodation/modification.

### SECTION 2 OF 3: Reasonable Accommodation/Modification Needed

In this section, you choose or describe the accommodation (change or waiver of a rule) or modification (structural change to your unit) that the family member with the disability needs.

#### Reasonable Accommodations:

*For example, if you are looking for MCHA to grant you an extension on meeting a deadline because your disability makes it difficult or impossible to meet, then you are requesting a reasonable accommodation.*

*Another example is if you need an animal that can assist the person with disabilities, either as a service animal or emotional support animal.*

## ~INSTRUCTIONS~

### Reasonable Modifications:

You will describe the physical feature(s) that you need in your unit (modification). Some modifications can be installed in your current unit. For others, you may need move to another qualifying unit. *Examples of common modifications are installation of grab bars or features for the sight or hearing impaired.*

You will need to describe ***why*** the requested accommodation or modification is necessary in order for the family member with the disability to fully enjoy MCHA's housing, housing program or services.

### SECTION 3: 3<sup>rd</sup> Party Verification of Need For Requested Accommodation/Modification

All requests that pertain to disabilities that are not "obvious" or "known" to MCHA MUST be verified by a licensed, knowledgeable professional that has worked with the family member with the disability, and can verify how the family member's disability affects their ***housing*** needs. This professional also will verify that the accommodation/modification that you request is medically necessary with respect to your participation in MCHA's housing program. Some examples of licensed, third party professionals that can provide this verification are medical doctors, registered nurses, licensed social workers, professionals from social service agencies that work with people with disabilities, and mental health professionals.

You will provide MCHA with your verifier's 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.

MCHA utilizes different 3<sup>rd</sup> party verification forms depending upon the accommodation that you need. Make sure that you are using the correct form. There are different verification forms for ***Live-In Aides, Assistance Animals, Accessible Parking, Stays of Eviction*** (to avoid an eviction), and ***General*** verifications for general requests and everything else.

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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 3<sup>rd</sup> party verification that your family member meets the definition of being “disabled.” However, you MAY need to get 3<sup>rd</sup> party verification of the medical need for the exact accommodation/modification 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 3<sup>rd</sup> party verification is necessary.

Before we can verify your request, you will first need to provide written consent for MCHA to send your 3<sup>rd</sup> 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-RA16), a copy of which you received with this Request.

### ***MCHA Will Engage In the Interactive Process With You***

Upon receipt of your Request for Reasonable Accommodation or Modification MCHA will work with you and your 3<sup>rd</sup> party verifier to process your request. If you would prefer that we work with someone else that you designate to work with us on your behalf, please let us know by providing our Section 504 Coordinator with your *Request For Alternative Communication Form* (MCHA-RA10).

### ***What Are The Next Steps?***

After MCHA receives this request and it is complete, MCHA will send a 3<sup>rd</sup> party verification form to the verifier that you identified on this request. After MCHA receives a complete verification form from your 3<sup>rd</sup> party verifier, MCHA will make a decision on your request and notify will you of MCHA’s decision. MCHA’s 504 Coordinator will keep you apprised of the status of your request.

## ~END OF INSTRUCTIONS~



## Request For Reasonable Accommodation/Modification (General Request)

**\*\*\*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)***



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

***This Form has three (3) sections for the Head of Household to fill out:***

**SECTION 1 OF 3: Requestor Information**

HEAD OF HOUSEHOLD'S NAME: \_\_\_\_\_  
CLIENT #: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
TELEPHONE #: \_\_\_\_\_  
CELL #: \_\_\_\_\_  
EMAIL ADDRESS: \_\_\_\_\_

SITE MANAGER/LEASING OFFICER'S NAME: \_\_\_\_\_

MY 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 MCHA Public Housing Resident
- Current MCHA Voucher Holder, Looking For A Unit
- Current MCHA Section 8 Participant Living In A Section 8 Unit
- Not Sure Of My Status
- Other: \_\_\_\_\_

MY FAMILY MEMBER IN MY HOUSEHOLD WITH A DISABILITY IS:

\_\_\_\_\_ [List full name]      \_\_\_\_\_ [Date of Birth]      \_\_\_\_\_ [Age]



**SECTION 2 OF 3: Reasonable Accommodation/Modification Needed**

***IMPORTANT:*** If the accommodation/modification that you seek is not listed below, and is one of the following types, then please use MCHA’s separate request form for that specific type of accommodation: ***Live-In Aides, Assistance Animals, Accessible Parking, and Stays of Eviction (to avoid an eviction).*** You can get the proper form from your site manager/leasing officer or MCHA’s 504 Coordinator.

**LOOK HERE FOR REASONABLE ACCOMMODATIONS**  
*(Changes in MCHA Rules, Policies, or Operations)*

**A. Please check the reasonable accommodation(s) that you are seeking:**

- Purchase the Following Auxiliary Aid for Effective Communication: (please fully explain
  - what you propose):

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- Send Me Communications in an Alternative Format (please fully explain what you propose):  

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- Send All Correspondence to me AND to My Designated Representative
- Supply a Sign Language Interpreter
- Supply a Foreign Language Interpreter
- Other Communication Assistance (please fully explain what you propose):  

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- Assistance With Filling Out Forms/Documentation
- 60-day Extension To Housing Search Period In Section 8 Voucher Program
- Increase in Section 8 Payment Standard (Must Have Already Found A Unit)
- Additional Utility Allowance of \$\_\_\_\_\_/month
- Extension Of Time To Turn In Application/Recertification Documents
- Other Extension Of Time (please fully explain the extension that you need):  

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- Rent housing from my relative (please describe your relationship):  

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- Alternative trash pick-up location (please fully explain what you propose):  

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- Other change to MCHA rule or policy (please fully explain the accommodation that you need):  

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LOOK HERE FOR REASONABLE MODIFICATIONS  
(Physical Features in Unit)

A. Please check the reasonable modification(s) that you are seeking:

**Installation Requests:**

Grab Bars in the Bathroom (please specify where you need them installed):

Removal/Substitution Of Flooring, Wall Covering, Etc. Due To Chemical Sensitivity (please explain what you need done):

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Roll-in Shower

Automatic Door Opener

Blinking Lights and/or other accessibility features for the hearing impaired

Auditory alarms and/or other accessibility features for the sight impaired

Installation of Other Specific Accessibility Features (specify features:

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Change handles on door/cabinets/faucet/other (specify features):

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Install an Access Ramp

Install a Hand Rail or Other Type of Support (please fully explain what you need installed):

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Other: (please fully explain what you need installed):

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**Transfer Requests:**

- To Fully-Accessible Unit for Mobility Impaired (you need ALL accessibility features)
- To Partially-Accessible Unit for Mobility Impaired (you only need certain features)
- To Unit With Specific Accessibility Features for Mobility Impaired (specify features:  
 \_\_\_\_\_)
- To Unit On Another Floor: (please specify what floor(s) you need: \_\_\_\_\_)
- To Only A Ground-Level Unit
- To Unit With Bedroom/ Bathroom on the First Floor Of Unit
- To Larger Unit With Additional Room(s) (circle # extra rooms:    1    2  
 Other \_\_\_\_\_)
- To Unit With 1 Extra Room for Medical Equipment : (specify type of medical  
 equipment:  
 \_\_\_\_\_)
- To Unit Closer to Person Providing Medical Care or Other Support
- To Unit Without Carpet or Other Fiber Existing In Your Current Unit
- To Unit With Specific Accessibility Features for Hearing Impaired (specify features:  
 \_\_\_\_\_)
- To Unit With Specific Accessibility Features for Visually Impaired (specify features:  
 \_\_\_\_\_)
- Other: (please fully explain the type of transfer that you need):  
 \_\_\_\_\_
- \_\_\_\_\_

**Please indicate whether you are willing to transfer out of your current property:**

- NO, I am not willing to transfer out of my current property. I understand that my transfer may be delayed until an appropriate unit becomes available.
- Yes, I am willing to transfer out of my current property. I am willing to transfer to:  
*(Please check all that apply)*

<ul style="list-style-type: none"> <li><input type="checkbox"/> The Abbey – Lewis Run</li> <li><input type="checkbox"/> Dickinson Manor - Smethport</li> <li><input type="checkbox"/> Jenny L Manor -Eldred</li> <li><input type="checkbox"/> Riley Road – Foster Township</li> <li><input type="checkbox"/> Medberry Manor – Port Allegany</li> <li><input type="checkbox"/> Page Place – Port Allegany</li> <li><input type="checkbox"/> Allegany Apartments - Eldred</li> <li><input type="checkbox"/> Cris Drive - Eldred</li> <li><input type="checkbox"/> Center Hall - Smethport</li> <li><input type="checkbox"/> Fosterview – Foster Township</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Helmer Hall – Port Allegany</li> <li><input type="checkbox"/> Mill Street – Port Allegany</li> <li><input type="checkbox"/> Vanderhule – Port Allegany</li> <li><input type="checkbox"/> Brooklynside – Port Allegany</li> <li><input type="checkbox"/> Phillips Street – Mt. Jewett</li> <li><input type="checkbox"/> Welsh Street – Kane</li> <li><input type="checkbox"/> High-Rise – City of Bradford</li> <li><input type="checkbox"/> Brookline Court- City of Bradford</li> <li><input type="checkbox"/> South Center- City of Bradford</li> </ul>
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**Other Modification Request**

(please fully explain what you need):

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**B. Please describe completely WHY the family member with a disability NEEDS the modification(s) requested above in order to fully enjoy their residence or MCHA's housing program or services:**

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**SECTION 3 OF 3: 3<sup>rd</sup> Party Verification of Need  
For Requested Accommodation/Modification**

**A. Please provide us contact information for the person that can verify your disability and your need for the accommodation/modification:**

***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 3<sup>RD</sup> PARTY VERIFIER].**

***We cannot process your request without it.***

***What are the Next Steps?*** After MCHA receives this request and it is complete, MCHA will send a 3<sup>rd</sup> party verification form to the verifier that you identified on this request. After MCHA receives a complete verification form from your 3<sup>rd</sup> party verifier, MCHA will make a decision on your request and notify you of MCHA's decision. MCHA's 504 Coordinator will keep you apprised of the status of your request.

**[SIGNATURES FOLLOW ON NEXT PAGE]**







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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:**

\_\_\_\_\_  
[Signature]

\_\_\_\_\_  
Date

\_\_\_\_\_  
[Printed Full Name]

