

TARRANT COUNTY HOUSING ASSISTANCE OFFICE
Reasonable Accommodation Request Form

 ORIGINAL REQUEST
 RENEWAL

The U. S. Department of Housing and Urban Development regulations (24CFR 982.316) states: a family that consists of one or more elderly, near-elderly or disabled persons may request approval for a live-in aide to reside in the unit and provide necessary support services for a family member who is a person with disabilities.

A live-in aide is defined as: a person who resides with one or more elderly persons or near-elderly persons or persons with disabilities and who: 1) is determined to be essential to the care and well-being of the persons; 2) is not obligated for the support of the persons; and 3) would not be living in the unit except to provide the necessary support services.

Since housing funds are limited and there are many eligible families on the waiting list, we must ensure that a live-in aide is necessary for the support of a person with a disability.

Name: (please print) _____

Address: _____
 Street City State Zip

Social Security Number: _____ Telephone #: (____)_____

Name of disabled family member: _____

What specific accommodations are you requesting? _____

If you are requesting a live-in aide, provide the following:

Note: Prior to approval, individual requested as a Live-In-Aide must pass all required eligibility and screening including criminal acts in connection with any federal housing programs, drug-related criminal activity or violent criminal activity, money owed to any housing program, documentation that the live-in aide left their previous residence in good standing and that the owner of the unit has approved the live-in aide.

Name of Live-In Aide: _____

Address: _____ SS# _____

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

EVERY (ALL) QUESTIONS MUST BE "TRUTHFULLY" ANSWERED

1. What are the **qualifications** of the Live-in Aide that will provide the needed care?
____LVN ____RN ____Physical Therapist ____Ability to Lift/Carry over 50 pounds
____Ability to Lift/Carry over 100 pounds ____No Special qualifications are required
____Other/Specify _____

2. What are the sole **duties/responsibilities** of the Live-in Aide?

3. What are the **hours** the Live-In Aide is needed to perform these services?
____Nights/sleeping Hours Only ____Daytime Hours Only ____24 Hours a Day
Other/Specify _____

Name of Tenant Requesting Accommodation: _____

4. How many **days per week** are the services of the Live-In Aid needed?
___ Week Days Only ___ Weekends Only _____ 7 Days per Week
Other/Specify _____

5. **How long** will a Live-In Aide be required?
___ 1 month or less ___ 1 to 3 months ___ One Year
___ Other/Specify How Long: _____

6. Will you and the Live-In Aide maintain **separate finances**?
_____ YES _____ NO

7. Will the Live-In Aide be **employed/work** outside your home?
_____ YES - If yes:
How many hours: _____
What hours does the Live-In Aide work? From _____ AM to _____ PM
_____ NO

8. If your Reasonable Accommodation is a request for an **extra bedroom to contain medical equipment**, please state the name and type of all equipment that will be stored in this room.

<u>Name of Equipment</u>	<u>Type of Equipment</u>
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____

PENALTIES FOR MISUSE AND ABUSE

Title 18, Section 1001 of the U.S. Code, states that a person is **guilty of a felony** for knowingly and willingly **making false or fraudulent statements** to any department of the United States Government. HUD, the PHA and any owner (or employee of HUD, the PHA or the owner) and may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the Information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure or the information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the PHA or the owner responsible for the unauthorized disclosure or improper use. Penalty provision for misusing the social security number are contained in the Social Security Act at 42 U.S.C. 208 (f)(g) and (h). Violation of these provisions are cited as violations of 42 U.S. C. 408 f, g and h.

X _____
Signature of Head of Household

Date

(Medical doctor or health professional's statement and/or letter of authorization is required and MUST be attached).

Name of Tenant Requesting Accommodation: _____

FOR OFFICE USE ONLY

YES **NO**

_____ _____ If Renewal, Inspector has verified the Continuing Need
(If no, Counselor or inspector must verify before approval).

_____ _____ Accommodation Verification acknowledged by Counselor
(If no, state Reason) _____

Counselor's Comments and/or Recommendation for Approval:

Print Counselor's Name _____

Counselor's Signature

Date

_____ Approved
_____ Disapproved

By: _____
Assistant Director, Occupancy

Date

