



REASONABLE ACCOMODATION REQUEST FORM

(THIS FORM IS AVAILABLE IN LARGER FONT OR ALTERNATIVE FORMAT UPON REQUEST)

Applicant/Tenant/Participant: Please complete this form and submit it to a staff person at the Housing Authority of the County of Salt Lake

Date of Request: _____ Housing Specialist/Property Manager: _____

Head of Household: _____ TTD/ Phone: _____

Address: _____ City/State/Zip: _____

- Section 8
- Public Housing
- Waiting List Section 8
- Waiting List Public Housing

Household member who needs accommodation (if different than Head of Household): _____

1. Please provide the following reasonable accommodation(s):

2. I need this reasonable accommodation because:

If Third-Party verification is required, my signature authorizes my provider/practitioner to provide the information requested on the Third-Party Verification Form and any other information necessary to assess this request. If further information is required the Housing Authority of the County of Salt Lake may contact the qualified professional on the Third-Party verification form.

Signature	Printed Name	Date

Warning: 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 and any owner (or any employee of HUD or the owner) 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 purpose cited above. Any person who knowingly or willingly 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 \$5000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at **208 (a) (6), (7) and (8).** Violation of these provisions are cited as violations of 42 U.S.C. Section **408 (a) (6), (7) and (8).**

HACSL INITIAL RESPONSE: Must be completed and signed by Housing Authority of the County of Salt Lake (HACSL) staff

1. No Third Party Verification is required-The applicant/resident's disability is known or obvious to HACSL Staff and the nexus between the disability and the requested accommodation or modification is apparent; the request will be forwarded to the appropriate HACSL staff. If **NO THIRD PARTY VERIFICATION** is required, copy given to 504 Coordinator
2. Third-party verification is required for either **verification of a disability** and/or **disability related need**. A copy of this form along with the appropriate THIRD-PARTY VERIFICATION Form was provided to requestor.

HACSL Staff Signature	Printed Name	Date

