



SOUTHERN NEVADA REGIONAL HOUSING AUTHORITY
Admissions Department – 5390 E. Flamingo Rd., Las Vegas, NV 89122
Phone (702) 477-3206 TDD (702)387-1898



Applicant Request for Reasonable Accommodation

This form is to be used by Applicants of Southern Nevada Regional Housing Authority to request a change in a rule, policy, procedure or physical modification(s) because of their disability.

This form should be filled out by the client with a disability unless the individual is a minor or cannot do this as a direct result of his/her disability. In this case the applicant’s designee may fill out the form.

Please let staff know if you need assistance in filling out this form or if you have any questions.

Date of Request: _____	Client #: _____
Head of Household’s Name: _____	

1) Household member with a disability requiring the accommodation:

Name: _____ Phone Number: _____

Complete mailing address: _____

Email: _____ Date of Birth: _____

2) Person filling out this form (if not the individual listed above):

Name: _____ Phone Number: _____

Address: _____

3) I need the following change(s) as a direct result of my disability:

[] A change in a rule, procedure or the way the Housing Authority communicates with me. **You must list the rule, procedure or communication method and be specific about the change(s) you need.** (Example: Large font, TDD, Phone communication, etc.) Use another page if necessary:

[] A change in the rental unit or other part of the housing complex. **You must be specific about what you need.** (Example: Wheelchair accessible unit, ground floor unit, unit for hearing vision impaired, etc.) Use another page if necessary: _____

[] A Live-In Aide: Someone who will reside in the unit (24 hours/7 days a week) with the applicant to assist with activities of daily living.



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[] An additional bedroom for a Live-In Aide: Someone who will reside in the unit 24 hours / 7 days a week) with the applicant to assist with activities of daily living. **An additional bedroom will not be assigned until a Live-In Aide has been processed and approved by SNRHA.**

[] A Caregiver: Someone who will NOT provide 24-hour care, 7 days a week, but will assist with basic care, food preparation, etc. **No bedroom will be assigned for a caregiver.**

[] An additional bedroom for medical equipment that the unit currently assigned cannot accommodate. **You must list the equipment to be stored:** _____

[] An additional bedroom due to the disability of another family member.
 Please explain: _____

[] A service/Companion Animal: Animals that are necessary to assist/provide support. **You must list the type of animal:** _____

4) You may verify that I have a disability (NOT the nature or severity of the disability) and that my need for the accommodations requested is a direct result of my disability by contacting the following health care provider, counselor, social worker, or other professional care provider:

Provider Name: _____ Title: _____

Provider Address: _____

Provider Phone: _____ Fax: _____ Email: _____

Release of Information:

I give permissions for SNRHA to contact the above listed professional provider in order to verify that I, or a family member under my guardianship, have a disability and needs the Reasonable Accommodation requested above as a direct result of this disability. I understand that the information obtained will be kept confidential and used solely to determine my request for an accommodation/modification.

Head of Household Signature: _____ Date: _____

Disabled Household Member Signature (Optional): _____

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 its jurisdiction.

Our agency provides reasonable accommodations to elderly or disabled applicants and participants to ensure programs and services are accessible. If you need a reasonable accommodation, please submit your request in writing to: SNRHA, P.O. Box 1897, Las Vegas, NV 89125, Attention: 504 Officer.

Southern Nevada Regional Housing Authority will not discriminate because of race, color, religion, age, national origin, disability, familial status or sexual orientation. If you feel you have a Fair Housing Complaint, please contact HUD at 1-800-669-9777 or TTY 1-800-927-9275.

Si usted no puede leer este documento por favor pida la asistencia de nuestro personal bilingue. La Vivienda Regional del Sur de Nevada, proporciona servicios de traducción para participantes y clientes que califican. Si usted necesita esta forma en español, por favor contacte a su asistente social.