



**SOUTHERN NEVADA REGIONAL HOUSING AUTHORITY**  
**HCV Department - P.O. Box 1897, Las Vegas, NV 89125-1897**  
**Phone (702) 477-3400 FAX (702) 922-6929 TDD (702)387-1898**



**Housing Choice Voucher Participant Request for Reasonable Accommodation**

This form is to be used by PARTICIPANTS of the Housing Choice Voucher Program to request a change in a rule, policy, or procedure because of their disability. ***Physical modifications to the current unit or common area, must be discussed with the landlord.***

This form should be filled out by the participant 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 participant’s designee may fill out the form. The form must be signed by the Head of Household. ***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 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, Home visit, TDD, Phone communication, etc.) Use another page if necessary: \_\_\_\_\_

An extension of time to find a suitable unit because I need a special type of unit as a result of my disability or a family member’s disability.

Allow to transfer from one unit to another during the first year of my lease due to my disability. Please explain: \_\_\_\_\_

***I understand that the current owner/manager must sign a mutual rescission form agreeing to cancel the current lease. The owner/manager is NOT required to sign the form. If they elect not to approve the mutual rescission, I cannot move.***

Approve an exception rent payment standard so that I may secure a unit with the special features required to accommodate my disability.(Requires HUD approval and the unit must meet the reasonable accommodation needs specified by your medical or other professional provider.)



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An additional bedroom due to the disability of another family member.

Explain: \_\_\_\_\_

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

\_\_\_\_\_

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

A Live-In Aide: Someone who will reside in the unit (24 hours/7 days a week) with the disabled household member 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.**

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: \_\_\_\_\_

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.