



ECKAN Housing

Reasonable Accommodation Request

Date of Request: _____

Name (Head of Household): _____ Voucher #: _____

Name of participant needing the accommodation:

Head of Household Family Member: _____
(Name)

What accommodation(s) are you requesting? (*Please be specific*)

Extra time to locate a unit due to disability related reasons. Please explain the hardship you have faced due to your disability in finding a unit in the past and demonstrate the connection between your disability and the need for the extension.

Lease a unit owned by a relative. Please describe why renting from a relative will assist you.
Note: The same relative MAY NOT actually live in the unit to be rented by a person with disabilities.

Change in the Payment Standard (can only be granted AFTER a specific unit is found in the community that meets disability related needs. Please check the box only after finding a unit with special features or locations.) Please describe the special features or location below.

Additional Utility Allowances (for medical equipment that uses extra electricity).

An extra bedroom in addition to the number listed on the voucher to allow for medical equipment. Please specify, in detail, the type and size of the equipment.

An extra bedroom in addition to the number listed on the voucher to allow for a LIVE-IN aide. (The live-in aide must be an individual that lives in the unit to care for a person with disabilities. This person is not visiting help and does not come and go in specific shifts.) **Note:** A live-in aide must meet the following HUD definition: ...a person who resides with one or

more persons with disabilities and who: 1) is determined to be essential to the care and well-being of the person; 2) is not obligated for the support of the person(s); and 3) would not be living in the unit except to provide the necessary supportive services. Please provide name and current address of potential live-in aide.

Please list the contact information of the knowledgeable professional who can verify that you have a disability warranting the accommodation(s).

Name: _____ Title: _____

Address: _____

Phone Number: _____ FAX Number: _____

Signature (Head of Household)

Date

WARNING: Any person who signed this statement and who willfully states as true any material matter that he/she knows to be false is subject to the penalties prescribed for perjury of the State Penal Code and of the Welfare and Institutions Code.