



# SOUTH PORTLAND HOUSING AUTHORITY

100 Waterman Drive, Suite 101, South Portland, ME 04106

(207) 773-4140 • FAX (207) 773-4006

ME Relay – call 711

## REASONABLE ACCOMMODATION REQUEST FORM

The South Portland Housing Authority (SPHA) is committed to the letter and spirit of the Fair Housing Act and Maine Human Rights Act, which, among other things, prohibits discrimination against persons with disabilities. SPHA will make reasonable accommodations when they are necessary to afford persons with disabilities an equal opportunity to use and enjoy their housing communities. If you are requesting such an accommodation, please fill out this form and return it to our office.

**Household Member Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Address:** \_\_\_\_\_

The household member above has a disability because he or she has a physical, mental or emotional impairment that limits one or more major life activities; has a record of having such an impairment; or is regarded as having such an impairment (does not include current, illegal use of or addiction to a controlled substance as defined in section 102 of the Controlled Substance Act, 21 U.S.C. 802).

The following reasonable accommodation(s) is/are being requested to remove or relieve a barrier(s) posed by the disability related-limitation: *Please check one or more boxes below.*

- Live-In Caregiver
- Service or Assistance Animal
- Change in the following policy or procedure. *Please specify the necessary change. Attach additional page if needed.*

- Modification to Unit / Accessibility Features. *Please specify the necessary change. Attach additional page if needed.*

- Other. *Please specify the necessary change. Attach additional page if needed.*

Please provide the contact information for a professional third party verifier to whom we will send a verification form.

**Name:** \_\_\_\_\_ **Agency/Organization:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Position:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_ **Fax #:** \_\_\_\_\_

I give South Portland Housing Authority permission to contact the above individual/agency for purposes of verifying that a family member or I need the reasonable accommodation requested above. I understand that the information obtained by South Portland Housing Authority will be kept completely confidential and used solely to make a determination on my reasonable accommodation request.

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Check box on left if signature is of the parent/guardian of the individual needing the accommodation.

**FRAUD AND FALSE STATEMENTS:** Section 1001 of Title 18 of the U.S. Code states that any person who knowingly and willingly makes false and fraudulent statements to any Department or Agency of the United States, may be subject to penalties that include fines and/or imprisonment.



Equal Housing Opportunity