



# RIGHT OF REASONABLE ACCOMMODATION

**Carroll County Housing and Community Development  
10 Distillery Drive, Suite 101, Westminster, MD 21157/410-386-3600**

If you are a person with a disability, and as a result of your disability you need:

- A change in the rules or policies of Carroll County Housing to give you an equal opportunity to use the facilities or participate more fully in the Housing Choice Voucher Program; or
- A change in the way we communicate with you or give you information, you may request a reasonable accommodation.

Here are some examples of a reasonable accommodation:

- If you have trouble reading due to your disability, you can request Housing staff to provide notices in another format, such as reading material to you in person, by providing larger print, or by sending notices to a friend or family member of your choosing.
- If you need assistance to maintain your independent lifestyle, you may request the addition of a live-in aide to your household to assist in your daily activities.
- If you are unable to come into the Carroll County Housing office for annual recertifications, you may request to provide information via mail.

If you can show that you have a disability, and if your request is reasonable (does not pose an "undue financial or administrative burden" to Carroll County Housing), we will try to grant your request. A Reasonable Accommodation Request form is available at our Front Desk or sent via postal mail upon request. If you need help filling out a Reasonable Accommodation Request, or if you want to give us your request in some other way, we can help you.

We will give you an answer within 10 working days, unless there is a problem getting information we need, or unless you agree to a longer timeframe. We will inform you if we need more information or verification from you, or if we would like to talk to you about other ways to meet your needs.

If we turn down your request, we will explain the reasons, and you can give us more information if you think that will help. If you believe your denial was based on any of the protected factors (race, color, religion, sex, national origin, handicap, or familial status), you may file a complaint with:

Philadelphia Regional Office of Fair Housing and Equal Opportunity  
U.S. Department of Housing and Urban Development  
100 Penn Square East, 12th Floor  
Philadelphia, PA 19107-3380



For more information, please read the Frequently Asked Questions on the back of this notice.

# **FREQUENTLY ASKED QUESTIONS ABOUT REASONABLE ACCOMMODATION**

## **What classifies as a disability to request a reasonable accommodation?**

You must meet the definition of disability as described by the Americans with Disabilities Act:

- Individuals with a physical or mental impairment that substantially limits one or more major life activities;
- Individuals who are regarded as having such an impairment; or
- Individuals with a record of such an impairment.

## **How do I prove a disability?**

If a disability is apparent, an individual needs to certify that they need a reasonable accommodation in writing. If a disability is not apparent, Carroll County Housing may request verification from a health provider such as a medical doctor, social worker, therapist, caseworker, or another third-party health provider. The health provider will need to be familiar with the individual and provide written verification that he or she needs the requested accommodation because of a disability. If a disability needs to be verified, the individual will need to sign a release so the health provider can provide the verification.

Carroll County Housing will verify a disability only to the extent necessary to ensure that there is a need for the requested accommodation. A public housing authority may not require applicants to provide access to confidential medical records in order to verify a disability, nor may a housing authority require specific details as to the disability.

## **Do I have to tell you what my disability is?**

No, you do not have to reveal details about your disability, only the manifestation of the disability that causes the need for a specific accommodation.

## **How will my personal information be handled?**

All information you provide will be kept confidential and will only be used to help you have an equal opportunity to participate in the Housing Choice Voucher Program and determine if you are eligible for a reasonable accommodation.



Carroll County Housing and Community Development  
10 Distillery Drive, Suite 101, Westminster, MD 21157  
410-386-3600/FAX: 410-876-5255  
TTY Users (MD Relay): 711/800-735-2258

**HOUSING CHOICE VOUCHER (SECTION 8)**

**Family Request for Reasonable Accommodation**

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

**PLEASE PRINT CLEARLY**

Head of Household: \_\_\_\_\_ TDD/Phone: \_\_\_\_\_

Address: \_\_\_\_\_ State/Zip: \_\_\_\_\_

Currently, I am:

- An applicant on the waiting list for the Housing Choice Voucher (Section 8) program
- A participant in the Housing Choice Voucher (Section 8) program

Household member who needs accommodation: \_\_\_\_\_

*The household member above has a disability because they have a physical, mental or emotional impairment that limits one or more life activities or has a record of having such an impairment.*

**Please fill out all the following information regarding the person who needs the accommodation(s). Please DO NOT submit medical records or provide confidential medical information regarding the nature or extent of the disability.**

As a result of this disability, I am requesting the following reasonable accommodation(s) from the housing authority for the disabled household member listed above. Please answer the questions below.

- The household member **needs a live-in aide** as a reasonable accommodation. *A daily in-home worker, housekeeper, or rotating shifts are not equally effective.*
- Extra bedroom for medical equipment. (note: if necessary, a PHA inspector may view the equipment to confirm that all sleeping and living spaces are not adequate as an accommodation)
- The household member needs a change in a rule, policy or procedure. (Note that fundamental requirements must still be met). Please specify the necessary change.

- Other (for example, a change in the way the housing authority communicates with you). Please specify the necessary change. Provide additional pages if necessary.

I understand that the information obtained by the housing authority will be kept entirely confidential and used solely to decide on my reasonable accommodation request.

**FRAUDULENT AND FALSE STATEMENTS**

Title 18, Section 1001 of the U.S. Code states that a person who knowingly and willingly makes false and fraudulent statements to any department of the United States Government, including the Department of Housing and Urban Development (HUD), a public housing authority (PHA), and any owner (or employee of HUD, the PHA, or the owner) may be subject to penalties that include fines and/or imprisonment.

I certify by signing below that all the information provided above is true, accurate, and complete to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

