

SHELTON HOUSING AUTHORITY

PIONEER APARTMENTS

306 C STREET
PO BOX 73
SHELTON, NE 68876
PHONE: 308-647-6673
Email: director@sheltonhousing.org



REQUEST FOR REASONABLE ACCOMMODATION

Date Submitted: _____ Date Processed: _____
Resident Name: _____ Approved or Denied: _____
Address: _____ Reason: _____
Zip Code: _____ Phone Number: _____

Note: This form may be submitted to SHA at any time. If you need assistance with this form or have any additional questions, please contact SHA at 308-647-6673.

1. Reasonable Accommodation requested: _____

2. Reasonable Accommodation requested for: _____

3. Reason for requesting this accommodation: _____

4. Provide independent verification from your doctor, licensed professional representing a rehabilitation center, disability, agency, or clinic, or the supervisor of a case manager representing a disability agency, with verification of the existence of your disability.

5. I certify that the information in this Request for Reasonable Accommodation is true and accurate. I give OHA permission to talk with my physician or licensed professional about my disability and reasonable accommodation request.

Signature of Applicant / Resident / Participant

Date

Family Member Signature or Parent for child

Date

Warning: Section 1001 of Title 18 of US Code makes it a criminal offense to make any willful false statement or misrepresentation to any Department Agency of the United States as to any matter within its jurisdiction, punishable by fine not to exceed \$250,000 and/or imprisonment of not more than 5 years.

Return Form to:
Shelton Housing Authority
306 C Street, PO Box 73, Shelton, NE 68876
Phone: 308-647-6673

IMPORTANT: THIS FORM MAY ONLY BE COMPLETED BY A DOCTOR OR LICENSED PROFESSIONAL. THIS FORM MAY NOT BE COMPLETED BY THE APPLICANT / RESIDENT / PARTICIPANT.

REASONABLE ACCOMMODATION VERIFICATION

Independent verification to be completed by a doctor, licensed professional representing a rehabilitation center, disability agency, or clinic, or the supervisor of a case manager representing a disability agency.

EXPLANATION: SHA is required by law to provide reasonable accommodation to disabled applicants, residents and participants that will facilitate their ability to function and provide equal opportunity to use and enjoy our housing programs. Applicable federal and state law defines "disability", with respect to the individual, as (1) a physical or mental impairment with substantially limits one or more of such person's major life activities (2) a record of having such impairment (3) being regarded as having such impairment: but such term does not include current, illegal drug use or addiction to a controlled substance. Major life activities are defined as function such as caring for oneself, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working.

_____ due to disability, has the following functional limitations

Name

Requests that SHA provide the following reasonable accommodation to give equal access to housing. An explanation of why accommodation is needed must be included in the request (use additional sheet if necessary) (THIS SECTION MUST BE COMPLETED, use additional pages if necessary)

Signature

Date

Printed Name

Phone

Professional Title

Company Name

Company Address

Company City, State, Zip

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