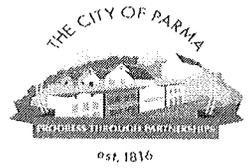




Parma Public
Housing Agency

City of Parma, Ohio

TIM DeGEETER
MAYOR



1440 Rockside Road, Suite 306
Parma, Ohio 44134

PUBLIC HOUSING

Phone: 216-661-2015
Fax: 216-661-2021

REASONABLE ACCOMMODATION APPLICATION

Examples of Accommodations

These examples are informational and are not intended to limit in any way what a disabled person may request as a Reasonable Accommodation.

Additional Bedroom: A bedroom in addition to what the family would receive based upon occupancy standards. For Applicants/Residents in Low Income Public Housing it means where a person's disability requires more than an efficiency unit or where a person with a disability is unable to share a bedroom with another family member.

Additional Space for Medical Apparatus/Equipment: In addition to what the family would receive based on occupancy standards, a member of the household with a disability needs additional space to store durable medical equipment.

Exception to Payment Standard: The Housing Choice Voucher Program may increase the payment standard to accommodate a family that includes a person with disabilities, PPHA must perform a rent reasonableness analysis and maintain documentation that the unit has features required to meet the need of the disabled person.

Live-in Aide: A person who resides with a person with a disability in the same unit in order to care for the person. The identity of the Live-in aide must be made known at the time the application is submitted. In addition, the following requirements must be met:

- Must be essential to the care and well-being of the person;
- Must maintain their primary residence in the subsidized unit of the person whose disability requires the presence of the aide;
- Cannot be obligated for the financial support of the person with a disability;
- Would not live in the unit other than to provide the necessary supportive services;
- Is capable of serving as a Live-in Aide (possesses a level of experience capable of rendering the duties reasonably expected for providing the personal care needed to the disabled household member);
- Must be at least 18 years of age;
- Cannot be a current member of the household; and
- Is subject to screening for criminal activity or any other conduct that would otherwise bar the person from admission to PPHA's programs.

Person with a Disability:

- Individual with a physical or mental impairment that substantially limits one or more major life activities;
- An individual who is regarded as having such an impairment; or
- An individual with a record of such an impairment



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REASONABLE ACCOMMODATION REQUEST to the PARMA PUBLIC HOUSING AGENCY

If you or a member of your household has a disability and feels that there is a need for a reasonable accommodation, please complete this form and return to Parma Public Housing Agency.

Keep copies of all documents that you submit as part of your request.

Name of Head of Household,
Participant, or Applicant:

Date:

Name of Person with disability:

Relationship to Head of Household,
Participant, or Applicant:

Phone Number:

Address:

Please describe the reasonable accommodation you are requesting. I am requesting the following change or changes in a policy, procedure, rule, service or regulation so that my household members or I can live here as easily as others and enjoy and participate equally in housing:

Please explain why this reasonable accommodation is needed. I need this reasonable accommodation because: (You do not need to provide detailed information about the nature or severity of the disability)

If you are working with a company, organization, or individual that might be able to help or advise PPHA on the accommodation request, please provide the following information:

Name: _____

Address: _____

Phone Number: _____

Signature of Head of Household,
Participant, or Applicant: _____

Date: _____

Please also complete the Authorization for Information so PPHA may verify that the individual named in the application is a person with a disability and the requested accommodation is related to the disability.



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AUTHORIZATION FOR INFORMATION

By my signature below, I authorize the Parma Public Housing Agency to verify that the individual named in the application is a person with a disability and the requested accommodation is related to the disability. **Please do not provide information regarding the nature or extent of the disability. This authorization does not authorize Parma Public Housing Agency to examine my medical records, including diagnosis or test result(s), nor does this authorize the release of detailed information about the nature or severity of my disability.**

Name of Knowledgeable Professional: _____

Field of Practice/Specialty/Discipline: _____

Name of Agency/Clinic/Facility: _____

Address: _____

(include city and zip code)

Phone Number: _____ Fax Number: _____

Name of patient (household member): _____

I understand that the information obtained by PPHA will be kept confidential and be used solely to make an evaluation and determination of this request for reasonable accommodation(s). The information will not be shared with anyone unless required to make or assess a decision to grant or deny a reasonable accommodation request.

Signature of Applicant _____ Date _____

If the household member needing the accommodation(s) is under 18 years of age, are you their parent or guardian?
_____yes _____no

Signature of Parent or Guardian _____ Date _____