



# 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 a disability. 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



# 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 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.**



# 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

## 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 \_\_\_\_\_



# 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

## TO BE COMPLETED BY EVALUATOR/DIAGNOSTICIAN

Tenant Name \_\_\_\_\_

Tenant Address \_\_\_\_\_

Tenant City/State/Zip code \_\_\_\_\_

Disability Certification: HUD's definition of disabled requires that the individual be "unable to engage in any substantial gainful activity by reason of any medically determinable physical or mental impairment which can be expected to last for a continuous period of not less than twelve (12) months."

Based on the above definition, it is my opinion that the individual indicated above:

Is disabled \_\_\_\_\_

Is not disabled \_\_\_\_\_

Handicapped Certification: HUD's definition of handicapped requires that the physical or mental impairment "is expected to be of long or indefinite duration, substantially impedes his or her ability to live independently and is of such nature that the disability could be improved by more suitable housing conditions."

Based on the above definition, it is my opinion that the individual indicated above:

Is handicapped \_\_\_\_\_

Is not handicapped \_\_\_\_\_

I hereby certify that the above information is true and correct.

\_\_\_\_\_  
Name of Evaluator/Diagnostician

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
Date

\_\_\_\_\_  
City, State, Zip Code  
Number

\_\_\_\_\_  
Area Code and Telephone

**WARNING: SECTION 1001 OF TITLE 18 OF THE U.S. CODE MAKES IT A CRIMINAL OFFENSE TO MAKE WILLFUL FALSE STATEMENTS OR MISREPRESENTATIONS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES AS TO ANY MATTERS IN ITS JURISDICTION.**