



CHATTANOOGA HOUSING AUTHORITY

AFFORDABLE HOUSING PROGRAMS

Street Address: 801 N. Holtzclaw Ave. Chattanooga, TN 37404

REQUEST FOR REASONABLE ACCOMMODATION OR MODIFICATION FOR DISABLED PERSON

In accordance with my or person with disability's rights I am requesting an exemption, change, or adjustment to a rule, policy or practice; or a modification of a Chattanooga Housing Authority (CHA) dwelling unit by its Affordable Housing Program.

Head of Household Name: _____

Address: _____ **Unit Number:** _____

Phone #: _____ **e-mail:** _____

Name of Family Member who is Disabled: _____

Who qualifies as a person with a disability? Definition of a person with a disability include (1) individuals with a physical or mental impairment that substantially limits one or more major life activities; (2) individuals who are regarded as having such an impairment; and (3) individuals with a record of such an impairment.

1. Do you or the disabled household member **have a physical or mental impairment that substantially limits a major life activity?** ☐ YES ☐ NO ☐ I DO NOT KNOW

2. Please describe the Reasonable Accommodation or Modification that you are requesting:



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3. Please explain how your request for a Reasonable Accommodation or Modification relates to the disability? **(Please do not list a medical condition!)**

The CHA may require documentation to support your reasonable accommodation request. A physician, psychiatrist, licensed psychologist, licensed nurse practitioner, licensed social worker, rehabilitation professional, a non-medical service agency whose function is to provide services to the disabled, or any appropriately qualified person who is knowledgeable about the disability may provide verification of the disability-related need. The verification of the disability related need must be sent directly to the CHA.

This authorization solely authorizes the release of information necessary to verify the following:

1. documentation necessary to confirm that the above-named individual meets the definition of a “qualified individual with a disability”, as defined above;
2. a description of the needed reasonable accommodation(s); and
3. a description of the identifiable relationship between the individual’s disability and the requested reasonable accommodation(s).

I, _____ (*your name*) hereby certify that the above information is true and accurate to the best of my knowledge, and I hereby authorize:

_____ (*name of verifier*) to release
disability-related need information for:

_____ (*name of person with a disability*)
to the CHA.



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