

REQUEST FOR REASONABLE ACCOMODATION/MODIFICATION

This form may be used to request that the Housing Authority of Prince George's County (HAPGC) provide a reasonable accommodation to you or any members of your household who is a qualified individual with a disability, so that you or a member of your household may utilize your residence, or any of the PHA's facilities, programs or services.

If you would like to request a reasonable accommodation on behalf of yourself or a member of your household, please complete this form.

- Note:
1. If you cannot fill out this form yourself, you may have someone assist you.
 2. You may also make the request orally to the HAPGC staff member you are working with or with the Section 504 Coordinator at 301-883-5576, who will help you complete this form.

PLEASE KEEP COPIES OF ALL DOCUMENTS YOU SUBMIT TO HAPGC

You must date and sign your name at the bottom of this form and return it to the HAPGC staff working with you. If you need assistance in understanding whether you or a member of your household is a "qualified individual with a disability" or if you need assistance in completing this form, please contact the HAPGC staff for assistance.

If HAPGC does not require any additional information, you will receive a written response within 30 days of submitting this request. If HAPGC needs additional information, you will hear from HAPGC in writing within the next 20 days.

Date of Request

Social Security Number

Name of Applicant/Resident/Participant

Telephone Number

Address

City/State/Zip

Please note that you can ask for a reasonable accommodation to use HAPGC's housing or services. This can include auxiliary aids or services, materials in an alternative format, or help in completing paperwork or changes to your housing based on your disability. Contact the 504 Coordinator at (301)883-5576 or email dhcd-504@co.pg.md.us for assistance.



Current Unit ____0BR ____1BR ____2BR ____3BR

Requester Status:

____ Current PHA Tenant

____ Current HCVP Participant (tenant or project based voucher)

____ Applicant

____ Other _____

1. I am requesting the following reasonable accommodation(s):

2. I am requesting the reasonable accommodation(s) on behalf of: (name)

3. My reason(s) for requesting this reasonable accommodation:

4. It may be helpful for HAPGC to receive verification or a letter from your doctor, social service agency, disability agency, clinic or other provider to better understand your needs. Please feel free to use HAPGC’s verification form, which can be obtained from HAPGC’s website, the management office of any public housing development, or HAPGC’s business offices 9200 Basil Ct., Largo, MD 20722.

5. If you need a different unit or modifications to your unit because of your disability, HAPGC will work with you to determine how to fulfill your reasonable accommodation request. Examples of accommodations can include:

- Modifications made to your current unit or modification funds (where available);
- Being placed on a waiting list to move to a unit that better meets your needs;
- Being issued a tenant based voucher to locate housing that suits your needs if a public housing unit that meets your disability needs is not available.

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9200 Basil Court – Suite #107 | Largo, Maryland 20774 | 301.883.5501



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6. **NOTICE:** If you are public housing resident or public housing applicant who has reached the top of the list and your current or offered unit does not meet your disability related needs because of a mobility impairment, you have options including
- Modifications to the Offered Unit;
 - Applying for an Accessible Unit in other HAPGC's housing (PBV) programs;
 - Being Placed on a Transfer List for an Accessible Unit;
 - Being Offered a Voucher if a public housing unit that meets your disability needs is not available.

Please contact HAPGC's 504 Coordinator at 301-883-5576 to be sure that all your options are discussed with you.

Name _____ Date _____
(PRINT NAME)
Signature _____

Did HAPGC staff fill this form out as a written record of the request? Yes _____ No _____
Did the staff person read it back to requester to make sure it is accurate? Yes _____ No _____

Name _____ Date _____
(PRINT NAME)
Housing Authority Staff Signature _____

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