

**The Housing Authority of Cook County**  
**REQUEST FOR REASONABLE ACCOMMODATION**

**Note:** This form is to be completed by the Applicant, Resident, or Participant or on behalf of a family member, and may be submitted to the Housing Authority of Cook County (HACC) at any time. If you need assistance completing this form, or you have any additional questions or concerns, please contact Phyllis Johnson at (312) 542-4782.

<i>Date of Request</i>	<i>Client Number</i>
<i>Name of Head of Household</i>	<i>Phone No.</i>
<i>Address</i>	<i>City, State and Zip Code</i>

1. Participant needing the reasonable accommodation:

Head of Household       Family Member: \_\_\_\_\_  
*Name*

2. What accommodation(s) are you requesting? (Please be specific)

Extra bedroom necessary for a person with a disability. Please explain why the extra bedroom is needed.

\_\_\_\_\_

Extra bedroom necessary for equipment. Please specify, in detail the type and size of the equipment.

\_\_\_\_\_

Live-in Aide. The person with a disability requires a person to live in the unit with them to administer care.

\_\_\_\_\_

Name of proposed Live-in Aide: \_\_\_\_\_

Special Communication needed for either persons with visual impairments or hearing impairments. Please specify in detail the type of communication that is needed:

\_\_\_\_\_

Unit transfer. Please specify in detail the type of unit that is needed.

\_\_\_\_\_

Modification(s) to your unit is needed. Please specify in detail the type of modification that is needed:

\_\_\_\_\_

A unit with accessible features. Please explain why an accessible unit is necessary:

\_\_\_\_\_

\_\_\_\_\_



Other policy or rule change(s). Please explain: \_\_\_\_\_

3. Reason for requesting this accommodation: \_\_\_\_\_

*(Please state why you need it and when you need it)*

4. You will need to provide proof of your need for the accommodation. Information must be provided from your doctor or other medical professional, a peer support group, a non-medical service agency, or a reliable third party who is in a position to know about the person's disability.
5. The medical professional, a peer support group, a non-medical service agency, or reliable third party who is in a position to know about the person's disability who provides the information for the requested accommodation must either: complete the Certification of Need for Reasonable Accommodation and Third Party Verification or must prepare a letter that fully answers the medical questions that are included on the form and gives the doctor's medical opinion whether or not they believe that the requested accommodation is appropriate for you. Forms or letters that are incomplete will require the Housing Authority to ask for more information; this will delay the time it takes to grant or deny the request. The Certification of Need for Reasonable Accommodation and Third Party Verification is not to be completed by the Head of Household or the requesting individual.
6. If your request involves a transfer, you will need to also complete a Transfer Request Form. If your request involves the addition of a Live-in Aide, you will need to complete Live-in Aide forms.
7. **Release of Information:** I had a full opportunity to read and consider the contents of this authorization, and by signing this form I give the HACC permission to talk with my physician or other professional, reliable third party or Case Manager who has completed the verification for the reasonable accommodation requested. This authorization will expire six months from the date it is signed. I have the right to revoke this authorization at any time by giving written notice of my revocation to the HACC.

**By signing this document, I certify under penalty of perjury that the information and statements I have provided as part of and/or in support of this request for a reasonable accommodation are, to the best of my knowledge, true and accurate.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant/Resident/Participant

**Please return the completed and signed form and the Certification and Third Party Verification to:**

Housing Authority of Cook County  
ADA/Section 504 Coordinator  
175 W. Jackson Blvd., Suite 350  
Chicago, IL 60604  
pjohnson@thehacc.org



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