



REQUEST FOR REASONABLE ACCOMMODATION

This questionnaire is to be administered at the request of an applicant or tenant of public housing at New Hope Properties. It is used to determine whether an applicant family needs special features in their housing unit or modifications to a New Hope Properties policy. The need for special adaptations must be verified in order to assure that the limited number of units with special features go to families that actually need the features.

Name _____ Contact # _____

Address _____

Interview Conducted By _____ Date _____

Name of Person Request is being made for: _____

(If other than the name listed above)

1. Will you, or any member of your family require any of the following (Mark all that apply)?

- Unit for Vision-Impaired A barrier-free apartment
 Unit for Hearing-Impaired One-level unit (no unit above)
 Bedroom & Bath on 1st floor Extra Bedroom
 Wheelchair Accessible Entry Fully Wheelchair Accessible Unit
 Other: _____

2. Do you or any family member require a change to one or more of the Housing Authority's policies in order to have the same access to our programs and facilities that everyone else does?

Yes No If yes, please explain: _____

3. How is this request related to the person's disability? How would granting your request level the playing field and give you the same access to housing as everyone else? (DO NOT SPECIFICALLY LIST THE NATURE OR EXTENT OF ANY DISABILITY)

4. If this request is granted, will you still be able to meet your other obligations as a Housing Authority tenant, such as paying your rent, keeping your unit clean, reporting required information to our office, avoid disturbing the neighbors, etc.? Yes No If no, please explain: _____

5. Other request(s): _____

AUTHORIZATION FOR RELEASE OF INFORMATION:

I authorize the Housing Authority to verify, if necessary, my need for the requested features. I authorize the release of information from the person listed below to the Housing Authority of Hopkinsville.



Applicant Signature Date

Who can we contact to verify the need for this request?

Name: _____

Organization: _____

Phone: _____

PLEASE COMPLETE BOTH PAGES OF THIS FORM AND RETURN TO:

PO BOX 437/400 N. ELM ST.

HOPKINSVILLE, KY 42241-0437

PHONE: 270-887-4275 KIM SHANNON EXTENSION 1105

FAX: 270-887-4080

VOICE ONLY: 1-800-648-6057

TTY ONLY: 1-800-648-6056

EMAIL: kshannon@housingah.org



Notice to all Applicants and Residents:

Reasonable Accommodations for Persons with Disabilities

New Hope Properties LLLP provides income based housing to eligible families including families with children, elderly families, disabled families, and single people. New Hope Properties LLLP is not permitted to discriminate against applicants on the basis of their race, religion, sex, color, national origin, age, disability or familial status. In addition, New Hope Properties LLLP has an obligation to provide "reasonable accommodations" to applicants if they or any family members have a disability.

An applicant/resident family that has a member with a disability must still be able to meet essential obligations of tenancy. They must be able to pay rent, to care for their apartment, to report required information to the New Hope Properties LLLP, to avoid disturbing their neighbors, etc., but there is no requirement that they be able to do these things without assistance.

If you or a member of your family have a disability and think you might need or want a reasonable accommodation, you may request it at any time in the application process or at any time you need an accommodation. Contact the applications processor, your property manager, or the Reasonable Accommodations Coordinator, **Kim Shannon, at 270-887-4275 ext. 1105**. This is up to you. If you would prefer not to discuss your situation with the New Hope Properties, that is your right.