

Commissioners
RICHARD SMITH, Chairman
JOHN FARIA, Vice Chairperson
ANTERO BRAGA
M. LUCI STODDARD
VALARIE LAWSON
EILEEN BOWDEN
CYNTHIA FARIA



Executive Director
THERESA M. CORREIA
Telephone 401-434-7645
Fax 401-435-3466
tcorreia@ephousing.org

CITY OF EAST PROVIDENCE
East Providence Housing Authority
99 GOLDSMITH AVENUE
EAST PROVIDENCE, RI 02914-2240

An equal Opportunity
Employer

Request for a Reasonable Accommodation

The East Providence Housing Authority is committed to providing accommodations to persons with disabilities so that their living arrangements are comparable to those of other Section 8 participants. A reasonable accommodation and/or modification is some exception or change that we make to rules, policies, services, or regulations that will assist a participant with a disability in taking advantage of a housing program and/or dwelling. The accommodation and/or modification must be necessary, not just desirable, for the individual with the disability to enjoy and/or use fully services offered to other residents and/or the individual dwelling unit.

To qualify for a reasonable accommodation:

1. You or a household member must be a person with a disability under the following ADA definition:
 - A physical or mental impairment that substantially limits one or more of the major life activities of an individual.
 - A record of such impairment; or
 - Being regarded as having such impairment.
2. The impairment is expected to be of a long-continued and indefinite duration.
3. A qualified physician or other professional must certify that you require the accommodation due to your disability and the change is required for you to have equal access to the housing program.

PLEASE COMPLETE THE ATTACHED REQUEST/RELEASE AND RETURN
TO OUR OFFICE. WE WILL FORWARD YOUR REQUEST TO THE
PHYSICIAN/PROFESSIONAL YOU HAVE LISTED FOR VERIFICATION.

Application for a Request for a Reasonable Accommodation

NAME: _____ PHONE: _____

ADDRESS: _____ City: _____ State: _____ Zip: _____

1. The following member of my household has a disability as defined by the ADA; (A long-term physical or mental impairment that substantially limits one or more major life activities; a record of having such impairment; or being regarded as having such an impairment).

Name of person with disability: _____ Relationship to Head of Household: _____

2. As a result of his/her disability the following accommodation and/or modification is being requested:

___ A separate bedroom ___ Unit for Vision-Impaired ___ Service Animal
___ A barrier-free apartment ___ Unit for Hearing-Impaired ___ Live-in Attendant
___ A one level unit ___ Extra Bedroom
___ Other (please explain) _____

3. My request can be verified by:

Physician/Professional:

Name: _____ Organization: _____

Address: _____

Phone: _____ Fax: _____ Email: _____

I certify under penalty of perjury that the above information about my Request for a Reasonable Accommodation is true and accurate.

Signature (Head of Household)

Date

Warning: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make false statements or misrepresentations to any department or agency of the United States as to any matter within its jurisdiction.

I understand this Request for a Reasonable Accommodation will be sent to a third party for verification and I authorize the release of information from that third party to the East Providence Housing Authority that is pertinent to this Request.

Signature (Head of Household)

Date