



ABILENE HOUSING AUTHORITY

PUBLIC HOUSING (LRPH) & HOUSING CHOICE VOUCHER (HCV)

Programs Application

Public Housing	Housing Choice Voucher & Prairie Gardens
4398 North 7 th , Abilene, Texas 79603	534 Cypress, Suite 200, Abilene, Texas 79601
Phone: 325-676-6032	Phone: 325- 676-6385
Fax: 325-738-8091	Fax: 325-676-6375

Relay Services: 711 or 1-800-RelayTX





Programs Descriptions:

- 1. Housing Choice Voucher Program (HCV):** Is a rental assistance program where the family chooses the unit they wish to live in and the Abilene Housing Authority helps with a portion of the family's rent based on family income. The Abilene Housing Authority covers 20 counties in Texas.
- 2. Prairie Gardens:** Is an elderly/disabled complex that is located at 2109 N. 6th Street in Abilene, Texas. To be eligible for Prairie Gardens the head of household, co-head, or spouse must be at least 62 years of age or disabled.
- 3. Public Housing Program (LRPH):** Public Housing maintains separate waiting lists for our four (4) properties located in Abilene, Texas. The Earl Williams and Vogel Complexes are duplex style, multi-family properties. The Riviera Complex is a townhome style, multi-family property. Our Deegan location is a duplex style, elderly property (at least 62 years old). You can choose any and/or all of the waiting lists.

**FAILURE TO FULLY COMPLETE THIS APPLICATION COULD RESULT IN THE
SUSPENSION OF PROCESSING THIS APPLICATION.**

Print Head of Household's Name: _____



Waiting List Preferences:

- MFP Program Preference:** For individuals exiting institutions (hospital, nursing home, intermediate care facilities, and in limited cases psychiatric facilities). Those applicants that select the MFP preference will be verified through the Texas Department of Aging and Disabilities Services (DADS) to determine if eligible.
 - Elderly Preference:** Households whose head of household, spouse, or co-head who are at least 62 years of age.
 - Disabled Preference:** Households whose head of household, spouse, or co-head have a verifiable disability.
 - No Preference:** Households who do not qualify for any of the preferences listed above.
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CHECK ALL OF THE PROGRAMS THAT YOU ARE APPLYING FOR:

1. **Housing Choice Voucher Program:** Is a rental assistance program where the family chooses the unit they wish to live in and the Abilene Housing Authority helps with a portion of the family's rent based on family income. The Abilene Housing Authority covers 20 counties in Texas.
2. **Prairie Gardens:** Is an elderly/disabled complex that is located at 2109 N. 6th Street in Abilene, Texas. To be eligible for Prairie Gardens the head of household, co-head, or spouse must be at least 62 years of age or disabled.
3. **Public Housing:** Public Housing maintains separate waiting lists for our four (4) properties located in Abilene, Texas. The Earl Williams and Vogel Complexes are duplex style, multi-family properties. The Riviera Complex is a townhome style, multi-family property. Our Deegan location is a duplex style, elderly property (at least 62 years old). You can choose any and/or all of the waiting lists.

YOU MUST SELECT ONE OR MORE OF THE SITE(S) BELOW TO BE ADDED TO THE PUBLIC HOUSING WAITLIST(S):

- Earl Williams Complex:** (4398 North 7th Street, Abilene, Texas 79603)
- Vogel Complexes:** ([B - 2100] & [D -2250]) Vogel Street, Abilene, Texas 79603)
- Riviera Apartments:** (3001 North 6th Street, Abilene, Texas 79603)
- Deegan Complex:** (3042 Rebecca Lane, Abilene, Texas 79606)



ELIGIBILITY FOR ADMISSION

Eligibility Factors

To be eligible for participation, an applicant must meet Housing and Urban Development's (HUD) criteria, as well as any permissible additional criteria established by the Housing Authority (HA).

HUD eligibility criteria are as follows:

- An applicant must be considered a "family."
- An applicant family's total family income must be within the appropriate income limits.
- The applicant family must provide Social Security cards and proof of birth date for everyone in the household, as well as picture identification for anyone 18 years of age and older (Driver License or State issued identification card).
- An applicant must have at least one (1) family member who is a U.S. citizen or eligible immigrant.

Other Criteria for Admission:

1. The family must not have violated any Family Obligations during any previous participation in the Housing Choice Voucher Program (HCV formerly Section 8), the Public Housing Program (LRPH), or the Prairie Gardens Program for twelve (12) months prior to admission.
2. No family member may have committed fraud, bribery, or any other corrupt or criminal act in connection with any Federal Housing Program for twelve (12) month prior to admission.
3. The family must not have violated any requirements contained in the family's Contract of Participation in the Family Self Sufficiency Program (unless the family can show good cause).
4. The family must have paid any outstanding debt owed the HA or any other HA as a result of prior participation in any Federal Housing Program prior to admission. A family who owes the HA money may apply to the waiting list, however, the family will not be selected from the waiting list until the debt has been paid in full. The HA reserves the right, in the case of extreme hard ship, to negotiate payment in accordance with its procedures. Full documentation of the hardship will be required. Under no circumstances will the debt be forgiven.
5. If the family or any family member has engaged in or threatened violent or abusive behavior toward HA personnel, the HA may deny admission at that time.
6. Prohibited Admission;
 - A. No member of a family is eligible if he/she is subject to lifetime registration requirements under a State sex offender registration program.
 - B. No member of a family is eligible if he/she has ever been convicted of drug-related criminal activity for manufacture or production of methamphetamine on the premises of federally assisted housing.
7. Permissive Prohibition;

The HA prohibits admission of a family to the program if the HA determines that any family member is currently engaged in, or has engaged in the following during the three (3) years prior to admission:

 1. Drug-related criminal activity;
 2. Violent criminal activity;
 3. Other criminal activity which may threaten the health, safety or right to a peaceful enjoyment of the premises by other residents or persons residing in their immediate vicinity; or
 4. Other criminal activity, which may threaten the health, or safety of the owner, property management staff, or persons performing a contract administration function or responsibility on behalf of the HA (including a HA employee or a HA contractor, subcontractor or agent).
8. Any changes in address, family composition or income Must be reported in writing to the HA immediately. The HA does not accept phone calls in place of written notices; if no contact is made in writing, the applicant will have to reapply.



SUITABILITY AND CREDIT HISTORY

Tenant must pass suitability and acceptable credit history. Prior Suitability:

- Rental History:
 - Tenant prior rental history regarding paying late rent and/or care of unit. i.e. damages assessed.
 - A late payment or lack of payment for utilities etc.,

As a part of the final eligibility determination, the PHA will screen each applicant household to assess their suitability as renters.

- The PHA will complete a rental history check on all applicants.
- The PHA will complete a credit check on all applicants.

BY SIGNING THIS FORM, I AGREE THAT I HAVE READ AND UNDERSTAND THE ABOVE GUIDELINES AND INFORMATION. I ALSO AGREE TO ALLOW THE PHA TO OBTAIN THE ABOVE REPORTS TO DETERMINE ELIGIBILITY AND SUITABILITY FOR THE LRPB PROGRAM.

Head of Household Signature

Co-Head Signature

Not signing the Suitability and Credit History form may delay the eligibility process and prevent applicant(s) from placement on the program(s) waiting list(s).



Violence against Women Reauthorization Act of 2013 Notification:

VAWA 2013 provides enhanced statutory protections for victims of domestic violence, dating violence, sexual assault, and stalking.

VAWA 2013 also expands VAWA protections to HUD programs beyond HUD's public housing and Section 8 programs, which were covered by the reauthorization of VAWA in 2005 (VAWA 2005).

In addition to proposing regulatory amendments to fully implement VAWA 2013, HUD is also publishing for public comment two documents concerning tenant protections required by VAWA 2013—a notice of occupancy rights and an emergency transfer plan. Although VAWA refers to women in its title, the statute makes clear that the protections apply to all victims of domestic violence, dating violence, sexual assault, and stalking, regardless of sex, gender identity, sexual orientation, or age.

Violence against Women Act (VAWA) of 2005 Notification:

VAWA prohibits public housing agencies (PHAs) from denying public housing or a housing choice voucher assistance because an applicant has been a victim of domestic violence or stalking, provided that such person is otherwise qualified for admission/participation. VAWA also prohibits private landlords accepting housing vouchers from refusing to rent to an individual because the person is a victim.

VAWA ensures that victims of abuse in public housing or subsidized housing will not risk homelessness when they seek assistance to end a violent relationship.

The PHA or subsidized landlords can request proof that the applicant/tenant is a victim. The victim has 14 business days to provide documentation of proof.

If you are a victim of domestic violence, dating violence, or stalking and are seeking assistance, contact The Noah Project at 1-800-444-3551, 325-672-6626 or visit their website at www.noahproject.org. You may also contact the Regional Crime Victim Crisis Center through the 24/7 Victim Assistance Hotline at 325-677-7895 or visit their website at www.regionalcrime.org. In addition, the Texas crime Victim Clearinghouse can be reached at 1-800-848-4284 or www.tdcj.state.tx.

Reasonable Accommodation:

If you or anyone in your family is a person with disabilities, and you require a specific accommodation in order to fully utilize our programs and services, please contact the housing authority by phone at 325-676-6385 or by mail to Abilene Housing Authority, 534 Cypress St., Suite 200. Abilene, TX 79601.



Initial Preliminary Application

PLEASE PRINT-Accessible format available on request.

<i>Who is the Head of Household?</i>			Sex	SSN	DOB	Age	Monthly Income
Legal Name:			<input type="checkbox"/> Male				Income Source
Last:	First:	M.I.	<input type="checkbox"/> Female				

Race: White Black American Indian/Alaska Native Asian or Pacific Islander Ethnicity: Hispanic Non-Hispanic

Mailing Address:	City:	State:	Zip:
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Home Phone Number:	Email:	State:	Zip:
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Cell Phone / Message Phone Number:			
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Mailing Address: <i>If different</i>	City:	State:	Zip Code:
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Emergency Contact Person: _____ Relationship: _____ Phone: () _____

Address:	City:	Zip:	State:
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Other Adults-18 yrs. or older-Living in the unit

Legal Name	Sex M/F	Relationship to Head of Household	SSN	DOB	Age	School/Occupation	Monthly Income
1)							
2)							

Minors Living in the Unit

Legal Name	Sex M/F	Relationship to Head of Household	SSN	DOB	Age	School/Occupation	Monthly Income
1)							
2)							
3)							
4)							
5)							

Have you or anyone in your household been evicted from Public or Assisted Housing for drug related or violent criminal activity within the past 5 years? Yes No

Signature: _____ Date: _____

NOTICE: You are required to notify the Housing Authority (in writing) of any change of Address. If we cannot contact you at the above address, your name may be removed from the waiting list and you will have to re-apply.



PROGRAM INTEGRITY INFORMATION

1) Do you expect any adults to move in or out of your Household within the next 12 months? Yes No

2) Do you expect to add or delete any children in your Household within the next 12 months? Yes No

3) Does anyone live with you now who are not listed on this application? Yes No

4) Have you ever lived in Public or Federally Assisted Housing (i.e. Section 8) before? Yes No
If yes, When? Where? Under what name? Who was Head of Household?

5) Have you ever used a name other than the one you are using now (including your maiden name)? Yes No
If yes, What was it?

6) Have you ever used a Social Security number other than the one you are using now? Yes No
If yes, What was it?

7) Has anyone in your Household ever been arrested/convicted for possession/use, sale, manufacture, or distribution of a controlled substance? Yes No
If yes, Who? When? What?

8) Does anyone in your Household currently use a controlled or illegal substance? Yes No
If yes, please explain.

9) Have you or anyone in your household been evicted from Public or Federally Assisted Housing for drug-related or violent criminal activity within the past 5 years? Yes No

10) Have you ever violated a family obligation in a HUD-assisted housing program? Yes No

11) Do you owe any money to a Public Housing Agency or Federally Assisted Housing Program? Yes No
If yes, from when? How much?

12) Do you or your spouse or Co-Head of Household have a verifiable disability? Yes No
If yes, who?

13) Are you or any member of your household subject to lifetime registration requirements under any state sex offender registration program?
 Yes No

14) Is there a child or children less than 6 years of age in your household who has been identified as having an environmental intervention blood lead level?
 Yes No (If yes, please list all identified individuals)

CURRENT EXPENDITURE(S)

Rent:	Phone:	Medical:	Credit Card:
Electric:	Auto Payment:	Cable:	Credit Card:
Gas:	Auto Insurance:	Health insurance:	Loan:
Water:	Child Care:	Rentals:	Other:

WORK HISTORY

MEMBER	FROM: (MONTH / YEAR)	TO: (MONTH / YEAR)	EMPLOYER

DO YOU HAVE ANY OTHER REGULAR MONTHLY PAYMENTS BESIDES THOSE LISTED ABOVE? YES NO

IF YES, PLEASE SPECIFY:



U.S. Department of Housing and Urban Development Office of Public and Indian Housing

DEBTS OWED TO PUBLIC HOUSING AGENCIES AND TERMINATIONS

Paperwork Reduction Notice: Public reporting burden for this collection of information is estimated to average 7 minutes per response. This includes the time for respondents to read the document and certify, and any recordkeeping burden. This information will be used in the processing of a tenancy. Response to this request for information is required to receive benefits. The agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number. The OMB Number is 2577-0266, and expires 08/31/2016.

NOTICE TO APPLICANTS AND PARTICIPANTS OF THE FOLLOWING HUD RENTAL ASSISTANCE PROGRAMS:

- Public Housing (24 CFR 960)
- Section 8 Housing Choice Voucher, including the Disaster Housing Assistance Program (24 CFR 982)
- Section 8 Moderate Rehabilitation (24 CFR 882)
- Project-Based Voucher (24 CFR 983)

The U.S. Department of Housing and Urban Development maintains a national repository of debts owed to Public Housing Agencies (PHAs) or Section 8 landlords and adverse information of former participants who have voluntarily or involuntarily terminated participation in one of the above-listed HUD rental assistance programs. This information is maintained within HUD's Enterprise Income Verification (EIV) system, which is used by Public Housing Agencies (PHAs) and their management agents to verify employment and income information of program participants, as well as, to reduce administrative and rental assistance payment errors. The EIV system is designed to assist PHAs and HUD in ensuring that families are eligible to participate in HUD rental assistance programs and determining the correct amount of rental assistance a family is eligible for. All PHAs are required to use this system in accordance with HUD regulations at 24 CFR 5.233.

HUD requires PHAs, which administers the above-listed rental housing programs, to report certain information at the conclusion of your participation in a HUD rental assistance program. This notice provides you with information on what information the PHA is required to provide HUD, who will have access to this information, how this information is used and your rights. PHAs are required to provide this notice to all applicants and program participants and you are required to acknowledge receipt of this notice by signing page 2. Each adult household member must sign this form.

What information about you and your tenancy does HUD collect from the PHA?

The following information is collected about each member of your household (family composition): full name, date of birth, and Social Security Number.

The following adverse information is collected once your participation in the housing program has ended, whether you voluntarily or involuntarily move out of an assisted unit:

1. Amount of any balance you owe the PHA or Section 8 landlord (up to \$500,000) and explanation for balance owed (i.e. unpaid rent, retroactive rent (due to unreported income and/ or change in family composition) or other charges such as damages, utility charges, etc.); and
2. Whether or not you have entered into a repayment agreement for the amount that you owe the PHA; and
3. Whether or not you have defaulted on a repayment agreement; and
4. Whether or not the PHA has obtained a judgment against you; and
5. Whether or not you have filed for bankruptcy; and
6. The negative reason(s) for your end of participation or any negative status (i.e., abandoned unit, fraud, lease violations, criminal activity, etc.) as of the end of participation date.

Who will have access to the information collected?

This information will be available to HUD employees, PHA employees, and contractors of HUD and PHAs.

How will this information be used?

PHAs will have access to this information during the time of application for rental assistance and reexamination of family income and composition for existing participants. PHAs will be able to access this information to determine a family's suitability for initial or continued rental assistance, and avoid providing limited Federal housing assistance to families who have previously been unable to comply with HUD program requirements. If the reported information is accurate, a PHA may terminate your current rental assistance and deny your future request for HUD rental assistance, subject to PHA policy.

How long is the debt owed and termination information maintained in EIV?

Debt owed and termination information will be maintained in EIV for a period of up to ten (10) years from the end of participation date.

What are my rights?

In accordance with the Federal Privacy Act of 1974, as amended (5 USC 552a) and HUD regulations pertaining to its implementation of the Federal Privacy Act of 1974 (24 CFR Part 16), you have the following rights:

1. To have access to your records maintained by HUD, subject to 24 CFR Part 16.
2. To have an administrative review of HUD's initial denial of your request to have access to your records maintained by HUD.
3. To have incorrect information in your record corrected upon written request.
4. To file an appeal request of an initial adverse determination on correction or amendment of record request within 30 calendar days after the issuance of the written denial.
5. To have your record disclosed to a third party upon receipt of your written and signed request.

What do I do if I dispute the debt or termination information reported about me?

If you disagree with the reported information, you should contact in writing the PHA who has reported this information about you. The PHA's name, address, and telephone numbers are listed on the Debts Owed and Termination Report.

You have a right to request and obtain a copy of this report from the PHA. Inform the PHA why you dispute the information and provide any documentation that supports your dispute. HUD's record retention policies at 24 CFR Part 908 and 24 CFR Part 982 provide that the PHA may destroy your records three years from the date your participation in the program ends. To ensure the availability of your records, disputes of the original debt or termination information must be made within three years from the end of participation date; otherwise the debt and termination information will be presumed correct. Only the PHA who reported the adverse information about you can delete or correct your record.

Your filing of bankruptcy will not result in the removal of debt owed or termination information from HUD's EIV system.

However, if you have included this debt in your bankruptcy filing and/or this debt has been discharged by the bankruptcy court, your record will be updated to include the bankruptcy indicator, when you provide the PHA with documentation of your bankruptcy status.

The PHA will notify you in writing of its action regarding your dispute within 30 days of receiving your written dispute. If the PHA determines that the disputed information is incorrect, the PHA will update or delete the record. If the PHA determines that the disputed information is correct, the PHA will provide an explanation as to why the information is correct.

This Notice was provided by the below-listed PHA:

Abilene Housing Authority
534 Cypress, Suite 200
Abilene, Texas 79601

I hereby acknowledge that the PHA provided me with the
Debts Owed to PHAs & Termination Notice:

Signature: _____ Date: _____

Printed Name: _____

Optional and Supplemental Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. You may update, remove, or change the information you provide on this form at any time. You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Check this box if you choose not to provide the contact information.

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	
Signature of Applicant: _____ Date: _____	

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.



This sheet is intentionally left blank.



REASONABLE ACCOMMODATION REQUEST FORM

If you or anyone in your family is a person with disabilities, and you require a specific accommodation in order to fully utilize our programs and services, please complete this form and submit it to Abilene Housing Authority.

If you would like a reasonable accommodation on behalf of yourself or a member of your household, please complete this form. The form must be signed and dated then returned to the appropriate program office.

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 completing this form, please contact AHA at 325-676-6385 (HCV Program) or 325-676-6206 (Public Housing Office).

- An individual with a disability, for the purposes of reasonable accommodation, is any person who:
 - a) Has a physical or mental impairment* that substantially limits one or more major life activities;
 - b) Has a record of such impairment; or
 - c) Is regarded as having such impairment.

**The term physical or mental impairment may include, but is not limited to conditions such as visual or hearing impairment, mobility impairment, HIV infection, mental retardation, drug addiction (except current illegal use of or addiction to drugs), or mental illness.*

***The term major life activity may include seeing, hearing, walking, breathing, performing manual tasks, caring for one's self, learning, speaking, or working.*

- Abilene Housing Authority may need information from a health care provider or other persons who can explain or verify your needs.
- You will receive a written response within ten (10) working days of your request. The response will either approve the request or will state that additional information or documentation is necessary to process the request.

Person Needing the Accommodation:

Name: _____

Address: _____

Zip: _____

City, State, _____

Contact Number: _____

Requestor Status:

HCV Applicant

Public Housing Applicant

Other: _____

Current HCV Participant

Current Public Housing Tenant



REASONABLE ACCOMMODATION REQUEST FORM

The person needing the accommodation is disabled (as defined on page one) and requests the following:

- Change in a rule, policy, practice *or* procedure because of the disability;
- Physical change to his/her apartment or other part of the housing development because of his/her disability;
- Accommodation to help the tenant / participant use and enjoy the dwelling unit, including public and common spaces.

Use the space below to describe the accommodation being requested AND, if not apparent, the identifiable relationship between the disability and the requested accommodation. **You are not required to disclose your disability**

Will your health care provider confirm that there is a connection between the disability and this request?

- Yes No

Signature

Printed Name

DO NOT WRITE BELOW THIS LINE

(IF this form was completed by AHA staff, then AHA staff will fill out the information below)

This request was made:

- Orally (in person) Orally (over the phone) In writing on a separate sheet (attach original)

IF AHA STAFF FILLED OUT THIS FORM AS A WRITTEN RECORD OF THE REQUEST, DID THE STAFF PERSON READ IT BACK TO THE REQUESTOR TO MAKE SURE IT IS ACCURATE? YES NO

Staff & Requestor's initials: _____

PHA Staff Signature

PHA Staff Printed Name

Date



**AUTHORIZATION TO RELEASE INFORMATION
&
VERIFICATION OF NEED FOR REASONABLE ACCOMMODATION**

I, _____ authorize Abilene Housing Authority to verify that I have a disability and a need for the reasonable accommodation listed below. In order to verify this, AHA may contact the following health care provider, professional representing a social service agency, or disability agency or clinic:

Name: _____

Address: _____

Phone: _____

Fax: _____

Accommodation being requested:

Signature of Requestor: _____ Date: _____

DO NOT WRITE BELOW THIS LINE

(To be completed by Medical / Knowledgeable Professional)

The person listed above has requested that AHA provide a reasonable accommodation due to a disability in connection with an Abilene Housing Authority residence, facility, program or service.

The *purpose of this form* is to verify that the requestor is (1) disabled according to the definition as it relates to reasonable accommodation and (2) to verify that there is a disability-based need for the requested accommodation.

An individual with a disability, for the purposes of reasonable accommodation, is any person who:

- a) Has a physical or mental impairment that substantially limits one or more major life activities;
- b) Has a record of such impairment; or
- c) Is regarded as having such an impairment.

**The term physical or mental impairment may include, but is not limited to conditions such as visual or hearing impairment, mobility impairment, HIV infection, mental retardation, drug addiction (except current illegal use of or addiction to drugs), or mental illness*

**The term major life activity may include seeing, hearing, walking, breathing, performing manual tasks, caring for one's self, learning, speaking, or working.*

VERIFICATION OF DISABILITY

Based on the above definitions, it is my opinion that the individual indicated above:

Is disabled and requires the reasonable accommodation listed below;

Is not disabled.

The following reasonable accommodation is required due to this disability:

If not apparent, please describe the identifiable relationship between the individual's disability and the requested accommodation:

I certify that the above information is true and correct to the best of my knowledge.

Agency Name

Agency Address

Agency Contact Number

Printed Name of Professional Completing Form

Title

Signature of Professional Completing Form

Date

PLEASE RETURN THIS VERIFICATION VIA MAIL OR FAX TO ABILENE HOUSING AUTHORITY

WARNING: TITLE 18, SECTION 1001 OF THE U.S. CODE STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENTS TO ANY DEPARTMENT OF THE UNITED STATES GOVERNMENT.