



Omaha Housing Authority

1823 Harney Street ~ Omaha, NE 68102- ~ 402.444.4200 ~ www.ohauthority.org

REQUEST FOR REASONABLE ACCOMMODATION

Date Submitted: _____	Date Processed: _____
Resident Name: _____	Approved or Denied: _____
Address: _____	Reason: _____
Zip Code: _____	Phone Number: _____

Note: This form may be submitted to OHA at any time. If you need assistance with this form or have any additional questions, please contact OHA at 402-444-4200.

1. Reasonable Accommodation requested: _____

2. Reasonable Accommodation requested for: _____
3. Reason for requesting this accommodation: _____
4. Provide independent verification from your doctor, licensed professional representing a rehabilitation center, disability, agency, or clinic, or the supervisor of a case manager representing a disability agency, with verification of the existence of your disability.
5. Case manager's name: _____ Phone Number: _____
contact him/her regarding any concern re: the request.
6. I certify that the information in this Request for Reasonable Accommodation is true and accurate. I give OHA permission to talk with my physician or licensed professional about my disability and reasonable accommodation request.

Signature of Applicant / Resident / Participant

Date

Family Member Signature or Parent for child

Date

Warning: Section 1001 of Title 18 of US Code make it a criminal offense to make any willful false statement or misrepresentation to any Department Agency of the United States as to any matter within its jurisdiction, punishable by fine not to exceed \$250,000 and/or imprisonment of not more than 5 years.

Return Form to:
Omaha Housing Authority
1823 Harney Street, Omaha, NE 68102
Fax 402-444-7543 Phone 402-444-4200

IMPORTANT: THIS FORM MAY ONLY BE COMPLETED BY A DOCTOR OR LICENSED PROFESSIONAL. THIS FORM MAY NOT BE COMPLETED BY THE APPLICANT / RESIDENT / PARTICIPANT.

REASONABLE ACCOMMODATION VERIFICATION

Independent verification to be completed by a doctor, licensed professional representing a rehabilitation center, disability agency, or clinic, or the supervisor of a case manager representing a disability agency.

EXPLANATION: OHA is required by law to provide reasonable accommodation to disabled applicants, residents and participants that will facilitate their ability to function and provide equal opportunity to use and enjoy our housing programs. Applicable federal and state law defines "disability", with respect to the individual, as (1) a physical or mental impairment with substantially limits one or more of such person's major life activities (2) a record of having such impairment (3) being regarded as having such impairment: but such term does not include current, illegal drug use or addiction to a controlled substance. Major life activities are defined as function such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning and working.

_____ due to disability, has the following functional limitations

Name

Requests that OHA provide the following reasonable accommodation to give equal access to housing. An explanation of why accommodation is needed to include (use additional sheet if necessary)

(THIS SECTION MUST BE COMPLETED, use additional pages if necessary)

Signature

Date

Printed Name

Date

Professional Title

Fax

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