



Philadelphia Housing Authority
Building Beyond Expectations

ACCOMMODATION REQUEST & RELEASE FORM

NOTICE OF NON DISCRIMINATION

The Philadelphia Housing Authority does not discriminate on the basis of race, religion, sex, color, national origin, age, disability or familial status. We provide equal access to persons with disabilities to our programs, services and activities.

Communication Assistance

If you are disabled and require assistance with any reading materials or need assistance at an interview, please call 215-684-4453 and request one of the following accommodations:

1. Large Print or Braille materials or a reader, if you have vision impairment
2. An interpreter or reader for a language barrier
3. A Sign Language interpreter (it will take PHA four business days to arrange for this)
4. For TTY use the 711 Relay system or the PA Relay System at: 1-800-654-5984

PHA has accessible, adaptable and visit-able units, as well as other units suitable to meet the needs of disabled persons with mobility, hearing and vision impairments. We can also provide Reasonable Accommodations to policies and procedures to people with verified disabilities at the discretion of PHA to allow equal access to programs and services. **If you or a family member are disabled and require a modified unit/unit with mobility support, please fill out this form so that we may assist you.**

Date: _____

Name: _____

SSN: _____

Address: _____
Street Address City, State Zip Code

Phone No.: _____

Name & age of disabled individual if different from above: _____
Name Age

_____ Please check here if you or your family member(s) receive monthly SSI or SSD benefit but do **NOT** require a special unit with features for persons with disabilities.

_____ Please check here if your disability is mobility, hearing or vision related and requires a special unit with features for persons with disabilities.

PLEASE COMPLETE THE OTHER SIDE OF THIS FORM!

APPLICANT/PARTICIPANT RELEASE OF INFORMATION

I, _____ hereby authorize _____ to release the information concerning my (or my minor child _____) needs for accessible housing features and/or accommodations.
Name of Qualified Provider

Signature: _____ Date: _____

CONTACT INFORMATION FOR QUALIFIED PROVIDER

Provide the name and contact information for the qualified evaluator or medical provider who can verify your need for an accommodation.

Name: _____ Phone No. _____

Street Address _____ City, State _____ Zip Code _____

ACCOMMODATION REQUEST

Complete this section of the form by selecting any and all accommodation requests for you and/or your household members.

504 UNIT TYPE

OTHER ACCOMMODATIONS

- | | |
|---|--|
| <input type="checkbox"/> Accessible Unit (zero step entry for wheelchairs or other devices) (M1 - 5100) | <input type="checkbox"/> Grab bar(s) at tub (M2 - 5210) |
| <input type="checkbox"/> Mobility Impaired Unit (all on one floor) (M3 - 5121) | <input type="checkbox"/> Hand held shower (M2 - 5230) |
| <input type="checkbox"/> Limited Steps Unit (limit one flight of stairs) (M2-5120) | <input type="checkbox"/> Tub seat (M2 - 5220) |
| <input type="checkbox"/> Hearing Impaired Unit (H1 – 5720, 5740) | <input type="checkbox"/> Raised toilet seat (M2 - 5270) |
| <input type="checkbox"/> Vision Impaired Unit, (describe needs) (V - 5800) | <input type="checkbox"/> Grab bar(s) at toilet (M2 - 5260) |
| | <input type="checkbox"/> Roll-in Shower (M1- 5250) |
| | <input type="checkbox"/> Live In Aide (5985) |

Please describe special needs or other unit features needed in detail (use additional sheets if needed):

OPTIONAL INFORMATION

If you or a family member uses any of the assistive devices below, please check the applicable device(s)

Assistive devices used:

- Wheelchair
- Scooter
- Cane
- Walker
- Crutches/braces