



Housing & Redevelopment Authority of Virginia, Minnesota

Reasonable Accommodation Request - Form A

Any individual with a disability or other medical need who needs medical accommodation with respect to this correspondence should inform the Virginia Housing Authority.

Tenant: _____
Address: _____
Phone #: _____
Phone #: _____
Date of Birth: _____

Owner: Virginia Housing and Redevelopment Authority
Address: 442 Pine Mill Court, Virginia, MN 55792
218-741-2610 (Phone)
218-748-7067 (Fax)

This Section To Be Completed by Applicant/Participant/Tenant Assistance Available upon request

Date of Request: _____

1. Please indicate the name of the **disabled household member** who is requesting the accommodation.

2. Please describe the reasonable accommodation you are requesting.

3. Please explain the reason you are requesting this accommodation and how it will provide you with equal opportunity to enjoy our housing programs, your unit and/or common areas.

4. List name and address of the medical and/or mental health professional to send verification to.

The Virginia HRA will ask your Medical or Mental Health Professionals to verify that your request: (1) **is related to your disability**; and (2) would provide you with an equal opportunity to enjoy our housing programs or that your disability restricts you from performing this task. I hereby authorize the release of the requested information.

Signature of Applicant/Client

Date





Housing & Redevelopment Authority of Virginia, Minnesota

Reasonable Accommodation Request - Form B

THIS SECTION TO BE COMPLETED BY MEDICAL OR MENTAL HEALTH PROFESSIONAL

PLEASE TAKE NOTE: The Virginia HRA is pleased to make reasonable accommodations for all tenants or prospective tenants in order to allow them the opportunity to fully use the housing services which we offer. At the same time, this is a limited commodity.

MEDICAL AND MENTAL HEALTH PROFESSIONALS should make a specific request for accommodation if it is necessary. However, it should not be given simply because it would make the applicant/participant feel better.

1. In your professional opinion, does the individual listed need the requested accommodation?

_____ Yes _____ No

If yes, you must explain how this accommodation will meet the individual's needs related to their disability.

2. Additional Comments:

Signature: _____

Date: _____

Print Name: _____

Phone: _____

Title: _____

Fax: _____

Penalties for Misusing This Consent: Title 19, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly & willingly making false or fraudulent statements to any department of the United States Government HUD, (or any employee of HUD or the Virginia HRA, & maybe subject to penalties for unauthorized disclosures or improper uses of information collected base on the consent form. Use of the information collected based on this verification form is restricted to the purpose cited above. Any person, who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant maybe subject to a misdemeanor & fined not more than \$5,000. Any applicant or participant affected by the negligent disclosure of information may bring civil action for damages, and seek other relief, as maybe appropriate, against the officer or employee of HUD responsible for the unauthorized disclosure or improper use.

