# Bloomington Housing Authority
# Request for Live-In Aide and/or Extra Bedroom

**This is an important document. If you require interpretation please call the telephone number below or come to our offices.**

Este es un document importante. Si necesita interpretación, por favor llame al número de telefóno que aparece abajo o visite nustras oficinas.

Bloomington Housing Authority Telephone#: (812)339-3491

**This form is to be completed and signed by the Head of Household on behalf of the Household Member needing the accommodation(s).**

**If the disabled Household Member who needs the accommodation(s) is 18 years of age or older he/she and the Head of Household must both sign this form.**

**Please Print Clearly**

Head of Household: _____

Household Member who needs the accommodation(s): _____

Address: _____ Apt #: _____

Primary Phone: (  ) _____ Secondary Phone: (  ) _____

**Please complete the information below regarding the individual who needs the accommodation(s). It is important for you to provide as must detail as possible in order for the BHA to best evaluate this request.**

**The following Household Member has a disability because:** He/she has a physical, mental, or emotional impairment that substantially limits one or more life activities, has a record of having such impairment, or is regarded as having such impairment.

Name of Household Member: _____

Relationship to Head of Household (son, daughter, etc.): _____

# Bloomington Housing Authority
# Request for Live-In Aide and/or Extra Bedroom

1. As a result of this disability, I am requesting the following reasonable accommodation(s) from the Bloomington Housing Authority for the Household Member with a disability listed above (please check one or more boxes below):

□Special unit features, physical modifications to common area, or a transfer to another unit that meets my needs. Please provide details in the space below.

□A change in the following rule, policy, or procedure

□Other (please explain):

1. The Household Member with a disability needs this reasonable accommodation because:

2. If you have any additional information you wish to provide you may use space below or attach additional information if necessary:



Please contact the BHA at (812) 339-3491 if you have any questions while completing the form

# Bloomington Housing Authority
# Request for Live-In Aide and/or Extra Bedroom
### Authorization

I/we authorize the BHA to verify that the above referenced Household Member, is a person with a disability and needs the reasonable accommodation(s) requested. To verify this information the BHA may contact the below named physician, psychiatrist, licensed psychologists, licensed nurse practitioner, licensed social worker, rehabilitation professional, or non-medical service agency whose function is to provide services to the disabled.

Names of provider: Field of practice:

Agency/Clinic/Facility:

Address:

Telephone: ( ) Fax: ( )

I/we understand that the information obtained by the BHA will be completely confidential and used solely to make an evaluation and determination on this reasonable accommodation(s) request

Signature of Head of Household or authorized guardian: Date

If the household member needing the accommodation(s) is under 18 years of age, are you the parent or guardian of Household Member needing accommodation(s)? Yes No

Signature of Household Member needing the accommodation(s) (only if 18 years or older) Date

Signature of Witness Relationship to Head of Household Date

**Please return or fax this completed form to the Bloomington Housing Authority**

**Fax: (812) 339-7177**

**Bloomington Housing Authority**
**1007 N. Summit St.**
**Bloomington, IN 47404**



Please contact the BHA at (812) 339-3491 if you have any questions while completing the form