WASHINGTON COUNTY HOUSING AUTHORITY

100 S. Franklin Street
Washington, Pennsylvania 15301
TDD Number: 724-228-6083
Office Number: 724-228-6060
Main Fax Number: 724-228-6089
Accounting Dept. Fax Number: 724-228-8685
Purchasing Dept. Fax Number: 724-228-6154
www.wchapa.org • Email: wcha@wchapa.org

PARTICIPANT'S REASONABLE ACCOMMODATION REQUEST FORM

Housing Choice Voucher Program • Additional Bedroom Allowance

The Fair Housing Act prohibits discrimination against persons with disabilities. Washington County Housing Authority (WCHA) will make reasonable accommodations in its rules, policies, practices, or services when an accommodation may be necessary to afford a person with a disability an equal opportunity to use and enjoy housing or participate in the Housing Choice Voucher Program.

If you are requesting an accommodation for an additional or separate bedroom allowance, complete this form and return it to the Section 8 office. A reasonable accommodation request may also be made orally or by another effective means.

A. PARTICIPANT INFORMATION

Participant's Name

Address

City, State, ZIP Code

Telephone Number

Date of Request

B. ACCOMMODATION REQUEST

Please describe the accommodation or exception to WCHA's usual rule or policy that you are requesting.

Accommodation Requested

C. ADDITIONAL / SEPARATE BEDROOM REQUEST

1. Is this reasonable accommodation request for an additional or separate bedroom allowance?

☐ Yes ☐ No

2. Does your current dwelling have another room that meets HQS requirements for use as a bedroom?

☐ Yes ☐ No ☐ Unsure

WCHA may review the proposed sleeping room under applicable Housing Quality Standards / inspection requirements.

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DIRECTORS
Steven M. Toprani, Chairman
Monique Taylor
Dipesh Patel
Clyde Wilhelm

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DENNIS C. FISHER
Interim Deputy Executive Director

GARY J. MATTA
Solicitor

PARTICIPANT'S REASONABLE ACCOMMODATION REQUEST FORM

Additional Bedroom Allowance — Continued

D. DISABILITY-RELATED NEED

3. Do you have a physical or mental impairment that substantially limits one or more major life activities?

☐ Yes ☐ No ☐ Unsure

4. Please explain how the requested additional or separate bedroom is related to the disability and how it will improve access to, use of, or enjoyment of the dwelling or housing-related services. Do not provide a diagnosis or medical records.

Disability-Related Need / Connection to Additional Bedroom

E. TIME-SENSITIVE CIRCUMSTANCES

Is this request urgent because delay may affect health, safety, housing stability, a lease-up deadline, or program access?

☐ No ☐ Yes

If Yes, Explain

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Third-Party Contact and Authorization

F. KNOWLEDGEABLE PROFESSIONAL / RELIABLE THIRD-PARTY CONTACT

If WCHA determines that limited verification is needed because the disability or disability-related need is not obvious or already known, WCHA may contact a knowledgeable professional or reliable third party identified by you. WCHA will request only information necessary to evaluate the disability-related need for the accommodation and will not request your complete medical records.

Name

Title / Professional or Service Relationship

Organization / Agency

Address

City, State, ZIP Code

Telephone Number

Fax Number / Email

G. LIMITED AUTHORIZATION

I authorize WCHA to send a limited third-party verification form to the person identified above and to receive information necessary to evaluate whether there is a disability-related need for the requested additional or separate bedroom. This authorization does not permit release of my complete medical record or unrelated information.

Participant / Authorized Representative — Type Full Name as Signature

Date

If Signed by a Representative, Relationship / Authority

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WCHA INITIAL REVIEW — ADDITIONAL BEDROOM REQUEST

CONFIDENTIAL — WCHA STAFF USE ONLY

H. INITIAL REVIEW

Date Received

Received By

☐ Request was initially made orally and documented by WCHA staff.

☐ Disability is obvious or already known to WCHA.

☐ Disability-related need for the additional bedroom is obvious or already known.

☐ Limited third-party verification is needed.

☐ No additional verification is needed.

ADDITIONAL BEDROOM / UNIT REVIEW

☐ Current dwelling appears to contain another room for inspection/review as a bedroom.

☐ No additional room identified in the current dwelling.

☐ Unit configuration / inspection review is needed.

Initial Review Notes / Disability-Related Nexus / Unit Configuration / Deadline

NEXT ACTION

☐ Send limited third-party verification.

☐ Contact participant for clarification / interactive process.

☐ Proceed to written determination.

☐ Other action — explain in notes.

Next Steps / Assigned Staff / Due Date