



## **CARIBOU HOUSING AGENCY**

Housing Choice Voucher Program

25 High Street

Caribou, ME 04736

Telephone: (207) 493-4234

Fax (207) 376-0178

[www.cariboumaine.org](http://www.cariboumaine.org)



## **REASONABLE ACCOMMODATION REQUEST PACKET**

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In accordance with State and Federal Fair Housing Laws, the Caribou Housing Agency is committed to ensuring that all housing applicants, and program participants, including people with disabilities have equal access to housing programs, which may require Caribou Housing to make an accommodation to its policies and procedures.

An “accommodation” is a change in rules, policies or procedures.

A request is considered “reasonable” if it does not create an undue administrative and financial burden for the Housing Agency, if it does not change the fundamental nature of its programs or operation, and if it does not pose a threat to the health and safety of other individuals. There must be an identifiable relationship between the request and the individual’s disability, the request must be necessary to improve the effects of the disability and provide the individual with the disability an equal opportunity to use or enjoy the program.

**EXAMPES OF REASONABLE ACCOMMODATIONS**, that may be requested from Caribou Housing, but not limited to:

- Arranging home visits for a disabled person, who is unable to come into the Housing Agency for appointments.
- Issuance assistance for an additional bedroom to accommodate special needs such as a live-in aide or for bulky medical equipment.
- Extending a voucher term if the applicant/participant has difficulty locating a unit due to a disability.
- Allowing a reasonable extension of time so that a person with disabilities can complete program requirements.
- Making an exception to Payment Standards as allowed under HUD regulations.
- Making an exception to the “renting to relatives” rule (except where Federal Law prohibits).

### **WHEN & HOW TO REQUEST**

Reasonable accommodation requests may be submitted either in writing or verbally at any time to the Caribou Housing Agency.

1. First review, the attached forms. There are separate forms for different kinds of requests. Therefore, there are forms for:
  - a. Reasonable Accommodation Request Questionnaire – **REQUIRED** - This form must be filled out and signed by the Head of Household or Power of Attorney.
  - b. Certification of Need for Reasonable Accommodation, Third Party Verification Form- **REQUIRED:** To be completed by a licensed professional.
  - c. Request to Rent from a Relative – **OPTIONAL** – Only needs to be completed if the Head of Household is requesting an exception to the Relative Policy.

- d. Live-In Aide Request **OPTIONAL** – Only needs to be completed, by the Head of Household, if a live-in aide services are needed.
- e. Live-In Aide Certification – **OPTIONAL** – Only needs to be completed, by the Live-In Aide, if services are needed.

### **WHAT HAPPENS NEXT?**

Upon receipt of your request, the Caribou Housing Agency will review the reasonable accommodation request. If your request is approved, the Housing Agency will notify you, in writing.

If your request is denied, Caribou Housing will notify you of a decision in within 30 calendar days of the determination.



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**REASONABLE ACCOMMODATION  
QUESTIONNAIRE**

This form is to be completed by the Head of Household, or Power of Attorney (copy of POA needs to be attached).

Head of Household: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**CURRENTLY, I AM:**

- An applicant on the waiting list for the Housing Choice Voucher (Section 8) Program.
- A participant in the Housing Choice Voucher (Section 8) Program.

Household member who needs an accommodation: \_\_\_\_\_

Please fill out the following information regarding to the person who needs the accommodation(s). It is important for you to provide this detail for the Housing Agency to best evaluate this request. ***Please DO NOT submit medical records.***

**TO REQUEST A REASONABLE ACCOMMODATION**

**A. Related to a specific unit, check all that apply.**

- An extra bedroom for a 24-hour live-in aide. (additional documentation required)  
A daily-in home worker, or rotating shifts are not equally effective as a reasonable accommodation because: \_\_\_\_\_
- A separate bedroom for medical equipment (size of equipment may not warrant a separate bedroom)  
I cannot use/store the medical equipment in current bedroom because: \_\_\_\_\_
- A separate bedroom for the person with a disability (additional documentation required)  
Separate bedroom for the person is necessary because: \_\_\_\_\_
- Approval to rent a unit owned by a relative who helps you with your daily living needs. (additional documentation required)  
Relative assist me with \_\_\_\_\_

Other: (please explain): \_\_\_\_\_  
\_\_\_\_\_

**B. If asked to come to the Housing Agency office, please check all that apply.**

- A home visit (because you are too ill/unable to come to the office)
- An interpreter for:
  - Sign Language
  - Language Interpreter, please specify language: \_\_\_\_\_
- A reader to read documents for you
- Other (please explain): \_\_\_\_\_  
\_\_\_\_\_

I/We hereby authorize the Caribou Housing Agency to verify that the above-reference Household Member has a disability and needs the reasonable accommodation(s) requested. To verify the information, the Housing Agency may contact the below named licensed physician, psychiatrist, nurse-practioner, social worker, rehabilitation professional, or other licensed professional whose function is to provide services to persons with disabilities. I understand the information that Caribou Housing Agency obtains will be kept completely confidential and used solely to evaluate the request.

This authorization is requested because third-party verification may be needed.

Name or Provider: _____		Field of Practice: _____	
Agency/Clinic/Facility: _____			
Mailing Address: _____			
Phone: _____		Fax: _____	

**CERTIFICATION:**

**WARNING: Section 1001 of Title 18 of the U.S. Code makes is a criminal offense to make willful false statements or misrepresentation to any Department or Agency of the United States.**

X. \_\_\_\_\_  
Signature of Head of Household or authorized Guardian/POA Date

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

X. \_\_\_\_\_  
Signature of Household Member needing the accommodation Date  
(Only if 18 years of age or older)

**\*\*If you or anyone in your household is a person with disabilities, and you require a specific accommodation in order to fully utilize our programs and services, please contact the Caribou Housing Agency.\*\***



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**REASONABLE ACCOMMODATION  
CERTIFICATION OF NEED, THIRD-PARTY VERIFICATION**

The Caribou Housing Agency has received a request for a Reasonable Accommodation from \_\_\_\_\_ (clients/patients name), who is requesting:

- An extra bedroom for a live-in aide
- An extra bedroom for medical equipment
- An extra bedroom for a person with a disability
- Approval to rent a unit owned by a relative

I, \_\_\_\_\_, authorize my licensed physician, psychiatrist, nurse-practioner, social worker, rehabilitation professional, or other licensed professional to release the specific information requested below to the Caribou Housing agency to verify my request for a reasonable accommodation.

x. \_\_\_\_\_  
Signature of Head of Household or authorized Guardian/POA Date

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

**This section may not be completed by the Applicant or Participant.**

**A. MY CLIENT/PATIENT  does  does not (please check one) meet the following definition of disabled:**

\_\_\_\_\_ An individual has a physical, mental, or emotional impairment that; is expected to be of long-continued and indefinite duration; substantially impedes their ability to live independently; is of such nature that the ability to live independently could be improved by more suitable housing conditions.

\_\_\_\_\_ An individual has a developmental disability as defined in the Developmental Disabilities Assistance and Bill of Rights Act of 2000: A severe chronic disability of an individual that is: Is attributable to a mental or physical impairment or combination of mental and physical impairments; is manifested before the individual attains age 22; is likely to continue indefinitely; results in substantial functional limitation in: three or more of the following areas of major life activity: Self-care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living, economic self-sufficiency; and reflects the individual’s need for a combination and sequence of special, interdisciplinary, or generic services, individualized supports, or other forms of assistance that are of lifelong extended duration and are individually planned and coordinated.

\_\_\_\_\_ An individual with a disability as defined in Section 504 regulations as: “Any person who has a physical or mental disability that substantially limits one or more major life activities; has a record of such an impairment; or is regarded as having such an impairment [24 CFR 100.201]. Major life activities include walking, talking, hearing, seeing, breathing, learning, performing manual tasks, and

caring for one-self. The law also applies to individuals who have a history of such impairments as well as those who are perceived as having such impairment.”

*No information regarding the nature or severity of the disability should be provided.*

**B. IN YOUR PROFESSIONAL OPINION:**

**Extra Bedroom Request Needed:**

It is my professional opinion that the patient/client **does** require an additional bedroom for:

- A Live-in Aide
- Medical equipment or assistive device
- For a person with a disability
- Other reason (please explain) \_\_\_\_\_

**Extra Bedroom Request Not Needed**

It is my professional opinion that the patient/client **does not** require an additional bedroom because:

- Necessary service could be provided through another accommodation
- Patient/client does not meet the definition of a disabled or near-elderly person
- Medical equipment could be used/stored in a place other than an additional bedroom.
- Person with a disability does not need a separate sleeping space

Other reason (please explain) \_\_\_\_\_

**Rent A Unit Owned by a Relative**

It is my professional opinion that the patient/client should rent a unit that is owned by a relative to help with daily living needs.

- Yes
- No
  - Necessary service could be provided through another accommodation
  - Patient/client does not meet the definition of a disabled or near-elderly person (50 to 61 years of age)

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**CERTIFICATION:**

I understand that I may be contacted by Caribou Housing Agency’s staff to verify the information I have provided on or to provider further information/clarification regarding this request.

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Name or Provider: \_\_\_\_\_ Field of Practice: \_\_\_\_\_

Agency/Clinic/Facility: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

x. \_\_\_\_\_  
Signature of Provider Date



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### **REASONABLE ACCOMMODATION - TO RENT FROM A RELATIVE**

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Head of Household: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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#### **HOUSING AND URBAN DEVELOPMENT REGULATIONS**

According to HUD regulations, a Section 8 Applicant/Participant (or any household member) cannot be related by blood or marriage to the owner of the unit under the Section 8 Program. Exceptions may only be granted in rare cases as a reasonable accommodation for a person with disabilities who requires a specially modified unit and such a unit is only available from a relative.

In no cases is a Section 8 Participant permitted to rent a unit from a relative if the relative also lives in the unit. Therefore, the owner must provide verification that they do not live in the unit assisted through the Section 8 program.

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#### **DOCUMENTS REQUIRED**

To request permission to rent from a relative, please provide the following documents:

1. Completed Reasonable Accommodation Questionnaire form, with explanation as to the special features that your unit must have to accommodate your disability. We will verify this with your licensed physician, psychiatrist, nurse-practitioner, social worker, rehabilitation professional, or other licensed professional after you return the questionnaire.
2. A List of Properties Contacted (enclosed) verifying that you have searched for a unit with the necessary modification and been unable to locate one.
3. Verification that the Owner does not live in the unit you propose to rent. This verification can include utility bill, rental agreements, and/or mortgage documents showing the owner's residence
4. The owner and Section 8 Applicant/Participant must sign this request and return it to the Caribou Housing Agency.

5. If your request is approved, you will be notified in writing. You are encouraged to continue to look for units to rent while your request is being processed.

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**OWNER CERTIFICATION**

I, (Owner), certify that I am the owner of the unit at: (address of rental unit for which Section 8 Applicant/Participant is requesting authorization to rent) \_\_\_\_\_

and that I am the relationship – father, cousin, daughter, etc.) \_\_\_\_\_  
of the Section 8 Applicant/Participant (including any household members).

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**NOTIFICATION**

You will be informed of the Housing Agency’s granting/denial/status of this request within thirty (30 days of the receipt of this request.

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**CERTIFICATIONS:**

I certify, under penalty of perjury, that I do not live at the unit that I propose to rent to the Section Applicant/Participant, nor do I intend to live in the unit during the period of Section 8 assistance.

**WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentation to any Department or Agency of the United States.**

Property Owner/Landlord: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Relationship to Head of Household: \_\_\_\_\_

Relationship to Other Family Members: \_\_\_\_\_

x. \_\_\_\_\_  
Signature of Owner Date

x. \_\_\_\_\_  
Signature of Section 8 Head of Household Date

**\*\*If you or anyone in your household is a person with disabilities, and you require a specific accommodation in order to fully utilize our programs and services, please contact the Caribou Housing Agency.\*\***



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**REASONABLE ACCOMMODATION  
- LIVE-IN AIDE REQUEST**

This form is to be completed by the Head of Household, or Power of Attorney (copy of POA needs to be attached).

Head of Household: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**DEFINITION OF A DISABILITY AND LIVE-IN AIDE:**

Definition of Disability: Section 504 of the Rehabilitation Act of 1973 and Fair Housing Amendment define a "disability" as:

- A physical or mental impairment that substantially limits one or more of the person's major life activities\*
- A record of having such an impairment, or
- Being regarded as having such impairment.

\* *Physical and mental impairments include physiological disorders or conditions, and mental or psychological disorders.*

Definition of Live-In Aide:

- Is determined to be essential to the care and well-being of the person(s)
- Would not be living in the unit except to provide the necessary supportive services
- Is not obligated for the support of the person(s).

Note: *These medical conditions must require live-in care versus daily supportive services.*

**LIVE-IN AIDE REQUEST:**

Initial Request

Renewal Request

Household member requesting a live-in aide: \_\_\_\_\_

The household member is a person with a disability or near elderly (check all that apply)

The person receives SSI

The person is elderly or near elderly

A health care professional will certify on a verification form that a live-in aid person is necessary

Name of live-in aide requested: \_\_\_\_\_

1. I certify that the person I have selected as my live-in aide is essential to my care and well-being, is not

obligated for my support, and would not be living in the unit except to provide the necessary supportive services.

2. The live-in aide is not providing any financial compensation to me for being allowed to live in my assisted unit.
3. The live-in aide:  is not related to me       is related to me (relationship) \_\_\_\_\_
4. If the live-in aide is a relative, I certify that all the following are true:
  - The relative can provide the required service for me.
  - The relative has never been a member of my household while I was receiving housing assistance.
  - The relative has never made regular contributions to my household while I was receiving housing assistance.
  - There is no other reason for the relative to live in the unit other than to provide care for me.
  - The relative will maintain his/her finances separately and live independently from my householding, providing are primarily as a business transaction.
5. The live-in aide has been not been convicted of a violent criminal, drug-related criminal, nor criminal activity has not been evicted from a federally assisted for drug-related criminal activity in the past five (5) years.
6. The live-in aide is not a lifetime registered sex offender, in any State in the United States
7. The live-in aide requested cannot move into the assisted unit until Caribou Housing Agency approves him/her.
8. A daily in-home worker is not equally effective as a reasonable alternative accommodation because:  
\_\_\_\_\_  
\_\_\_\_\_

**CERTIFICATION:**

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x. \_\_\_\_\_  
Signature of Head of Household or authorized Guardian/POA Date

x. \_\_\_\_\_  
Signature of Household Member needing the accommodation Date  
(Only if 18 years of age or older)

**\*\*If you or anyone in your household is a person with disabilities, and you require a specific accommodation in order to fully utilize our programs and services, please contact the Caribou Housing Agency.\*\***



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**REASONABLE ACCOMMODATION  
- LIVE-IN AIDE CERTIFICATION**

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This form is to be completed by the requested live-in aide.

Name of Live-in Aide: (First, Middle, Last): \_\_\_\_\_

Birthdate: \_\_\_\_\_ SSN: \_\_\_\_\_

Current Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Current Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

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**LIVE-IN AIDE:**

1. I certify that the person I have selected as my live-in aide is essential to my care and well-being, is not obligated for my support, and would not be living in the unit except to provide the necessary supportive services.
2. As the live-in aide I will not be providing any financial compensation to the Section 8 Applicant/Participant or being allowed to live in the assisted unit.
3. As the live-in aide:  I am not related to the Section 8 Applicant/Participant  
 I am related to the Section 8 Applicant/Participant  
(relationship) \_\_\_\_\_
4. As a live-in and a relative, I certify that all the following are true:
  - I can provide the required service for Section 8 Applicant/Participant.
  - I have never been a member of the Section 8 Applicant/Participant's household.
  - I will not be making regular contributions to Section 8 Applicant/Participant's household while I reside in the assisted unit.
  - I will maintain my finances separately and live independently from the Section 8 Applicant/Participant's household, providing are primarily as a business transaction.

5. As a live-in aide, I cannot move other family members into the assisted unit.
  6. I have not been convicted of a violent criminal, drug-related criminal, or criminal activity, have not been evicted from a federally assisted for drug-related criminal activity in the past five (5) years.
  7. I am not a lifetime registered sex offender, in any State in the United States.
  8. I will not move to the assisted unit until Caribou Housing Agency and Owner/Landlord approves.
  9. I understand, in the event that the Section 8 Applicant/Participant that I am assisting, were to move out of the unit into assisted living, nursing home, or to pass away; that I must vacate the assisted unit as quickly as possible. If I fail to vacate the unit, the owner/landlord may begin eviction proceedings.
- 

**CERTIFICATION:**

**WARNING: Section 1001 of Title 18 of the U.S. Code makes is a criminal offense to make willful false statements or misrepresentation to any Department or Agency of the United States.**

x.

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Signature of Live-In Aide

Date