



Housing Choice Voucher (Section 8) Program
400 US highway #1, (Marion Gardens), Jersey City, NJ 07306
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¡Este documento es importante, tradúzcalo inmediatamente!

REASONABLE ACCOMMODATION REQUEST FORM

Definition: The definition of an individual with a disability is from the Fair Housing Act amended in 1989 and Section 504 of the Rehabilitation Act of 1973 – as amended. The definition includes any person who has:

Physical or mental impairment(s) that substantially limits one or more major life activities; or a record of having such impairments or is regarded by others as having such impairments. The example list of impairments includes: learning disabilities; diabetes; past drug addiction and alcoholism, emotional illness, cancer, heart disease, AIDS, etc. It does **not** include current, illegal use of or addiction to a controlled substance.

A. THIS SECTION TO BE COMPLETED BY HOUSING CHOICE VOUCHER PARTICIPANT:*

(*The Jersey City Housing Authority’s Housing Authority Housing Choice Voucher (Section 8) Program staff may fill in the name, voucher number and requested accommodation on behalf of the client. If this is the case, the staff member must write his/her initials and the date on the spaces provided in this section. The client must fill out this section and sign it when requesting accommodations related to payment standards, utility allowance or voucher size in order to obtain the release to request physician’s verification.)

Head of Household Name: _____

Address: _____ City/State/Zip: _____

Reasonable Accommodation request completed on behalf of: (check one of the following)

____ Head of Household (HOH) ____ Family Member: _____
(Insert Family Member’s Name)

Number of total household members (including HOH): _____ Current Voucher Size: _____

The reasonable accommodation requested for the individual with the disability (as defined above) is:

1. ____ An increase in my voucher size due to: (state the reason(s) why you are requesting a larger voucher size)

2. ____ A Live-in-Aide due to: _____

3. ____ Other reason: (you must specify reason(s) why you are requesting a larger voucher size _____

Signature of household member requesting a reasonable accommodation

Date