GREENE COUNTY HOUSING AUTHORITY
102 School Drive, Waynesburg, PA 15370
(724) 627-6523; (724) 627-6522 fax, www.greencountyha.com

Request for Reasonable Accommodation or Modification and Release of Information

Please complete all parts of this form to request an accommodation to a housing authority rule or policy, a modification of a housing unit, or a unit transfer that will help with a situation caused by a disability. It will help GCHA understand your request and respond to it appropriately.

- Please note that this form is not required to make a request for reasonable accommodation but is recommended and will help the AHA evaluate your request.
- If you would like help completing this form or in making your request, please speak with your housing authority staff person.

When you have completed this request, turn it in to site office, housing authority office, or mail it to the GCHA, 102 School Drive, Waynesburg, PA 15370.

GCHA will try to respond to your request within 14 calendar days. In some cases, it may take longer to fully evaluate your request. To help GCHA understand your request and respond to it, a staff member may need to meet with you. If you have additional questions or concerns, you may contact the GCHA's 504/ADA Coordinator: Phone: 724-627-6523/ Fax: 724-627-6522.

Head of household name: _____ Phone _____

Address: _____ Unit # _____

The following member of my household has a disability (defined as a physical or mental impairment that substantially limits one or more major life activity; a record of having such an impairment; or being regarded as having such an impairment.)

Member who needs an accommodation: _____ Date of Birth: _____

The specific accommodation or modification I am requesting (what I want the Housing Authority to do):

_____

_____

The reason I need this accommodation or modification:

_____

_____

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Authorization for Release of Information

You may verify that I have a disability and my need for this request by contacting the third party health care professional listed below who is familiar with the disability.

Name of health care professional: _____

Agency: _____

Address: _____

Phone: _____

To the Person or Agency that I have listed:

I have made a Request for a Reasonable Accommodation or Modification to the AHA. I give you permission to share any information with the Greene County Housing Authority that will help verify that I have a disability and explain why I need the accommodation/modification that I am seeking. I may withdraw this permission at any time.

To the Greene County Housing Authority

I give you permission to contact the above individual for purposes of verifying that I or a family member has a disability and needs the reasonable accommodation or modification requested above. I understand that the information you obtain will be kept completely confidential and used solely to determine if you will provide an accommodation. This form should be signed by either the member of the household with a disability, or the Head of Household if disabled household member is a minor.

WARNING - BE TRUTHFUL ON THIS FORM! Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to purposefully make false statements or misrepresentations to GCHA. Knowing false statements and misrepresentations also are grounds for GCHA to terminate the requester's housing benefits. The Department of Housing and Urban Development (HUD) also prohibits fraud in public housing (24 CFR 966.4 (l)(2)(C)) and Section 8 (24 CFR 982.552(c)(4)).

_____ _____

Signature of requester Date

_____

Name of requester Check here if adult is signing for minor child ☐

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If this form has been filled out by a representative of the person for whom the accommodation and/or modification is being requested, please complete the information below.

Signature of requester's representative	Date
Name of requester's representative	Relationship to requester
Address	Phone

There are agencies in the Greene County area that may help you with your request. Their names, addresses, and phone numbers are listed below. Their services are free. The GCHA will gladly work with them or any other representative you may choose:

Legal Services

Southwestern Pennsylvania Legal Services
Fair Housing Law Center
10 West Cherry Avenue, Washington, PA 15301
Phone: 1-877-725-4472; TTY: 711
Email: contact@fhlaw.org
www.fhlaw.org/report-housing-discrimination

Center for Independent Living

Transitional Paths to Independent Living
42 West Maiden Street, Washington, PA 15301
Phone: 724-223-5115; TTY: 724-228-4028
https://www.trpil.com/

Department of Housing and Urban Development
Office of Fair Housing and Equal Opportunity

Philadelphia Regional Office
The Strawbridge Building, 12th Floor
801 Market Street
Philadelphia, PA 19107
Hotline: 800-669-9777
Phone: 215-861-7646
Fax: 215-656-3449
TTY: 80-877-8339

Pennsylvania Human Relations Commission

Pittsburgh Office
301 Fifth Avenue, Suite 390, Piatt Place
Pittsburgh, PA 15222
Phone : 412-565-5395 ; TTY 412-565-5711
www.phrc.state.pa.us