**Puerto Rico Department of Housing**

**CDBG-DR Program**

**REASONABLE Accommodation Request FORM**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Full Name), Applicant to the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Program (**the “Program”**) with Case Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(if applicable), hereby request the reasonable accommodations stated below to accommodate the disability of either myself or someone in my household.

□ Check here if this form is being completed by a family member or individual acting on the Applicant’s behalf.

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| --- |
| **Please provide the following information regarding your request:**   1. The nature of the disability requiring the requested accommodation; 2. A clear description of the accommodation(s) requested to serve the needs of the disabled individual(s); and 3. Any other information you believe should be considered in understanding the disability-related needs or how the requested accommodations serve those needs.   **You may also attach documentation to this form, which includes the above information and/or other information regarding your request. Please write “See Attached” in the space below.** |
|  |

Furthermore, I acknowledge and understand that:

* The accommodations indicated in this request serve a disability-related need that I and/or one of my household members have;
* PRDOH may request reliable disability-related information that is necessary to evaluate the nature of a disability or the necessity of a requested reasonable accommodation if and only if the requester’s disability and/or the relationship of the accommodations to the disability are not readily apparent or known;[[1]](#footnote-1)
* PRDOH shall take all reasonable steps to provide the requested accommodations, except those, which would constitute an undue financial or administrative burden or require a fundamental alteration in the nature of the Program.[[2]](#footnote-2)
* All requests for accommodations will be reviewed by CDBG-DR Program staff and will be provided and/or incorporated into the scope of work, as applicable, to the extent that they are deemed reasonable and serve a disability-related need.

Only one signature is required below from the individual making this request.

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|  |  |  |  |  |
| Applicant Name |  | Applicant Signature |  | Date |
| Name of authorized representative |  | Signature of authorized representative |  | Date |

1. United States Department of Housing, Civil Rights Division and United States Department of Housing and Urban Development, Office of Fair Housing and Equal Opportunity, Joint Statement of the Department of Housing and Urban Development and the Department of Justice, Reasonable Modifications Under the Fair Housing Act, March 5, 2008, p. 4, <https://www.hud.gov/sites/dfiles/FHEO/documents/reasonable_modifications_mar08.pdf>. [↑](#footnote-ref-1)
2. United States Department of Housing, Civil Rights Division and United States Department of Housing and Urban Development, Office of Fair Housing and Equal Opportunity, Joint Statement of the Department of Housing and Urban Development and the Department of Justice, Reasonable Modifications Under the Fair Housing Act, March 5, 2008, p. 16, <https://www.hud.gov/sites/dfiles/FHEO/documents/reasonable_modifications_mar08.pdf>. [↑](#footnote-ref-2)