



**Housing Authority of Bexar County (HABC)**  
1954 E. Houston Street Suite 104  
San Antonio, Texas 78202  
Phone: (210) 231-2036; Fax: (210) 225-6976



**CERTIFICATION of NEED for REASONABLE ACCOMMODATION**

Re: \_\_\_\_\_ Birth date: \_\_\_\_\_ Last 4 SSN: \_\_\_\_\_  
Address: \_\_\_\_\_

This office is in receipt of a Request for Reasonable Accommodation (attached). Verification is needed to confirm this request and a signed release is included with this form.

Please fax/email this completed form back to our office as soon as possible. Thanks!

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1. In my opinion, the referenced person has a disability, as defined below:

- ☐ a) A physical or mental impairment that substantially limits one or more major life activities; or
- ☐ b) A record of having such an impairment; or
- ☐ c) Is regarded as having such an impairment.
- ☐ d) Does not meet the definition of disabled (*proceed to signature section*).

2. In my opinion, the referenced person [  **]does not** require the requested change (*sign below*).

3. In my opinion, the referenced person [  **]does** require the requested change, as checked:

- ☐ A change in a housing program rule, policy or procedure - define in item 4.
- ☐ Approval of a higher Payment Standard in order to assist a household with renting a housing unit that accommodates a family member with disabilities.
- ☐ A change in a housing program rule, policy or procedure - define in item 4.
- ☐ Approval of an additional bedroom for medical equipment, due to its size/function.  
*Provide equipment dimensions and functional requirements below.*
- ☐ An additional bedroom for a Live-In Aide.
- ☐ Other request (specify): \_\_\_\_\_

4. Provide information to support the above, while excluding information about the nature or severity of the person's disability.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

By signing this document, I certify under penalty of perjury that the information and statements I have provided are to the best of my knowledge true and accurate.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Title: \_\_\_\_\_ Fax: \_\_\_\_\_



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San Antonio, Texas 78202



**Request for Reasonable Accommodation**

\_\_\_\_\_  
*Head of Household*

\_\_\_\_\_  
*Last 4 of SSN*

1. Reasonable Accommodation is requested for: \_\_\_\_\_

\_\_\_\_\_  
*Household Member's Name*

2. The accommodation requested is *(check all that apply)*:

☐ An additional bedroom for a Live-In Aide. Complete a Live-In Aide Agreement.  
Live-In Aide's Name: \_\_\_\_\_

☐ Approval of an additional bedroom for medical equipment, due to its size/function.  
Specify medical equipment dimensions and purpose:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

☐ Approval of a higher Payment Standard in order to assist a household with renting a housing unit that accommodates a family member with disabilities.

Describe how the proposed housing unit accommodates the disabled family member:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

☐ A change in the following rule, policy or procedure:  
\_\_\_\_\_  
\_\_\_\_\_

☐ Other request, as described:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Physician/Licensed health care provider information:**

3. Name:	0	Address:	0	
	Title:		Phone Number:	--
	Company:		Fax Number:	--

I authorize HABC to verify this request. HABC may contact the above-named person and use this information for the purpose of verifying my eligibility for the requested accommodation.

\_\_\_\_\_  
Head of Household's Signature                      Date                      Phone Number

\_\_\_\_\_  
Other Adult Household Member's Signature                      Date                      Phone Number

☐ Approved: [ ] Additional Bedroom - Live-In Aide; [ ] Higher Payment Standard  
[ ] Additional Bedroom - Medical Equipment; [ ] Other - \_\_\_\_\_

☐ Disapproved - Reason: \_\_\_\_\_

HABC Representative's Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_



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**San Antonio, TX 78202**  
[www.habctx.org](http://www.habctx.org)



### Live-In Aide Agreement

Head of Household: \_\_\_\_\_ Last 4 SSN: \_\_\_\_\_

Household member needing assistance: \_\_\_\_\_

Housing unit address: # \_\_\_\_\_

Live-In Aide's name: \_\_\_\_\_

Live-In Aide's relationship to the household: \_\_\_\_\_

#### **Live-In Aide Definition (24 CFR 5.403).**

The U.S. Department of Housing and Urban Development (HUD) defines a Live-In Aide as a person who resides with one or more elderly persons, near-elderly persons or person with disabilities and who:

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

#### **Live-In Aide Criteria.**

As a condition of obtaining approval, all parties hereby acknowledge and agree:

1. A Request for Reasonable Accommodation will be submitted for processing;
2. The Live-In Aide must meet the same screening requirements as household members, e.g. pass a criminal history record search and background check;
3. The Live-In Aide must be listed on the program participant's lease, shall not violate any provisions of the lease, and the above housing unit must be their only residence;
4. If approved, the Live-In Aide will reside in the housing unit only as long as they provide the household member's necessary supportive services; and
5. The Live-In Aide has no rights to the housing program and/or housing unit.

#### **Live-In Aide Certification.** The above parties certify the following:

1. The Live-In Aide meets HUD's definition and HABC's criteria for a Live-In Aide;
2. The Live-In Aide's income will not be included with the participant's income; and
3. In the event that the household member requiring supportive services no longer resides in the housing unit, the Live-In Aide will not be considered a remaining member of the participant household.

Head of Household's signature \_\_\_\_\_ Date \_\_\_\_\_

Other Adult Household Member's signature \_\_\_\_\_ Date \_\_\_\_\_

Live-In Aide's signature \_\_\_\_\_ Date \_\_\_\_\_

**Warning:** 18 U.S.C. 1001 provides, among other things that whoever knowingly and willfully makes or uses a document or writing containing false, fictitious or fraudulent statement or entry in any matter within the jurisdiction of a department or an agency of the United States shall be fined not more than \$10,000 or shall be imprisoned for not more than five years or both

Falsifying information on this form constitutes housing program fraud under 24 CFR §982.551(k) and may result in denial or termination of benefits.

For Office Use Only - New Persons		Housing Specialist:	
Forms	Completed	Forms	Completed
1. ID, SSN, Birthdate		3. Lease/Lease Addendum	
2. Crim. History Request		4. Reas. Accom. Request	

**Live-In Aide Agreement**