

Housing Authority of Fort Fairfield

18 Fields Lane
Fort Fairfield, ME 04742
PH: 207-476-5771

REASONABLE ACCOMMODATION REQUEST FORM

The Fort Fairfield Housing Authority is committed to the letter and spirit of the Fair Housing Act and Maine Human Rights Act, which, among other things, prohibits discrimination against persons with disabilities. In accordance with our statutory responsibilities and management policies, we will make reasonable accommodations in our rules, policies, practices, or services, when such accommodations are **necessary** to afford persons with disabilities an equal opportunity to use and enjoy their housing communities. If you are requesting such an accommodation, please fill out this form.

Name:

Address:

City, State, ZIP:

Please **describe** the accommodation you are requesting:

1. Do you consider yourself or a family member disabled? _____yes _____ no

Maine Human Rights Act definition:

A. Physical or mental disability, defined. "Physical or mental disability" means:

1. A physical or mental impairment that substantially limits one or more of the major life activities of an individual;
2. Significantly impairs physical or mental health;
3. Requires special education, vocational rehabilitation or related services;
4. Without regard to severity unless otherwise indicated: absent, artificial or replacement limbs, hands, feet or vital organs; alcoholism; amyotrophic lateral sclerosis; bipolar disorder; blindness or abnormal vision loss; cancer; cerebral palsy; chronic obstructive pulmonary disease; Crohns disease; cystic fibrosis; deafness or abnormal hearing loss; diabetes; substantial disfigurement; epilepsy; heart disease; HIV or AIDS; kidney or renal diseases; lupus; major depressive disorder; mastectomy; mental retardation; multiple sclerosis; muscular dystrophy;

5. paralysis; Parkinson's disease; pervasive developmental disorders; rheumatoid arthritis; schizophrenia; and acquired brain injury;

B. With respect to an individual, having a record of any of the conditions in paragraph A; or

C. With respect to an individual, being regarded as having or likely to develop any of the conditions in paragraph A.

Please provide the contact information for a professional third party verifier to whom we will send a verification form.

Name:

Position:

Address:

Phone

Number:

City, State

Zip:

I give you permission to contact the above individual for purposes of verifying that a family member or I need the reasonable accommodation requested above.

Signed _____

Date _____