



**JONESBORO HOUSING AUTHORITY**  
*helping today for a better tomorrow*

**(770) 478-7282**

**Housing Authority of the City of Jonesboro Georgia**  
**P.O. Box 458**  
**Jonesboro, Georgia 30237**



**Fax (770) 478-2528**

**TTY (770) 478-4805**

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## **NOTICE OF RIGHT TO REASONABLE ACCOMODATION**

If you have a disability you need:

- A change in the rules or policies or how we do things that would make it easier for you to live here and use the facilities or take part in programs on site.
- (For Public Housing Residents Only) A change or repair in your unit or special type of unit that would make it easier for you to live here and use the facilities or take part in programs on site.
- (For Public Housing Residents Only) A change or repair to some other part of the housing site that would make it easier for you to live here and use the facilities or take part in programs on site.
- A change in the way we communicate with you or give you information, you can ask for this kind of change, which is called a Reasonable Accommodation.
- If you can show that you have a disability and if your request is reasonable; if it is not too expensive; and if it is not too difficult to arrange, we will try to make the change request for you.
- We will give you an answer within 14 business days of your request unless there is a problem getting the information we need or unless you agree to a longer time. We will let you know if we need more information or verification form or if we would like to talk to you about other ways to meet your needs.
- If we turn down your request, we will explain the reasons and you can give us more information if you think that will help in filling out a Reasonable Accommodation Request Form at our office, or if you want to give us your request in some other way, we will help you.
- You can pick up a Reasonable Accommodation Request Form at our office or request one by mail.

### **For Lease Violation or Eviction:**

If this problem is as a result of a disability, you have a right to request a reasonable accommodation that would enable you to meet the terms of the lease.

If you think such a plan or change is likely to correct the problem, you can call **Jonesboro Housing Authority** by 4:00 PM. If you make such a request, you will need some evidence that the problem was caused by the disability and that the plan is likely to work. If it involves someone else, you need evidence that they will provide the assistance.



**CONSENT TO VERIFY REASONABLE ACCOMODATION**

TO: Qualified individual (E.G., counselor, social worker, doctor, rehabilitation center, service agency, self-help group, clinics, or other entity identified by the person requesting a reasonable accommodation) \_\_\_\_\_ has requested that Jonesboro Housing Authority provide the following reasonable accommodation(s).

**Extra Bedroom Request:** Please explain why? Size of equipment, etc? If the request for the additional bedroom is for other reasons other than storing equipment please explain:

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

Reasonable Accommodation Request for something other than an extra bedroom:

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

The Jonesboro Housing Authority is required by law to provide reasonable accommodation to disable applicants/resides that will provide them with equal opportunity to use and enjoy our housing programs, their unit, and/or common areas. The Housing Authority does not provide reasonable accommodations when the request is a matter of convenience or preference only.

Please complete this form below to verify that the above requested accommodations is related to the applicant's/resident's disability or that their disability restricts them from performing this task.



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I, \_\_\_\_\_ (Please Print Name)  DO  DO NOT believe that the above requested accommodation (1) is related to the applicant's/resident's disability, and (2) would provide the applicant/resident with an equal opportunity to enjoy our housing programs or that the applicant's disability them from performing this task.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Professional Title: \_\_\_\_\_

Address, City, State, Zip \_\_\_\_\_

**Penalties for misusing this consent Title 19, Sections 1001**

Except as otherwise provided in this section, whoever, in any matter within the jurisdiction of the executive, legislative, or judicial branch of the Government of the United States, knowingly and willfully—

- (1) Falsifies, conceals, or covers up by any trick, scheme, or device a material fact;
- (2) Makes any materially false, fictitious, or fraudulent statement or representation; or
- (3) Makes or uses any false writing or document knowing the same to contain any materially false, fictitious, or fraudulent statement or entry; shall be fined under this title, imprisoned not more than 5 years or, if the offense involves international or domestic terrorism (as defined in section 2331), imprisoned not more than 8 years, or both. If the matter relates to an offense under chapter 109A, 109B, 110, or 117, or section 1591, then the term of imprisonment imposed under this section shall be not more than 8 years.

I give my consent to Jonesboro Housing Authority to contact Qualified Individual (E.G., counselor, social worker, doctor, rehabilitation center, service agencies, self-help group, clinics or other entity identified by the person requesting a reasonable accommodation.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



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Please return this request to our office with the signed Verification Form so, that we will send to the professional third party verifier identified below.

**Professional's Contact Information:**

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_