



Housing Authority of the City of Austin

Established in 1937

1124 S. IH35, Austin, TX 78704
(512) 477-1314 fax (512) 494-0686

CERTIFICATION OF NEED FOR ADDITIONAL BEDROOM

Head of Household name _____ Entity # _____

Reason for requesting an additional bedroom:

____ Live in aid

(Documentation from a medical professional to indicate the need for a live-in aid is required. The live-in aids presence must be determined essential for the care and well-being of the elderly or disabled family member and the live-in aid would not be living in the unit except to provide the necessary care.)

____ Medical necessity

The additional room should be to accommodate a person with a disability, because it has been determined by a qualified physician that the person with a disability needs their own room because of a medical necessity. The additional room should not be approved for the purpose of storing exercise equipment or other medical equipment; if such equipment could be stored in the common living space, one of the bedrooms, a garage, or storage area.

Head of Households' statement of need for additional bedroom (please continue explanation on additional paper if needed):

Please sign below to certify that you have a need for an extra bedroom as a reasonable accommodation for a person with a disability because of the reasons stated above.

Head-of-Household's signature _____ Date _____

HACA's certification

The Housing Eligibility Specialist or Compliance Supervisor certifies that they have reviewed the above named client's need for an additional bedroom as a reasonable accommodation for a person with a disability. The Housing Eligibility Specialist or Compliance Supervisor has confirmed that the client's previous disability verification indicated it was of permanent nature and that the client's need for the additional bedroom has remained the same as verified previously on _____. The Housing Eligibility Specialist has also verified that all required documentation is included in the file on the left side marked "documentation for additional bedroom" to include:

- ____ Verification that disability is permanent or long term
- ____ Verification from a medical professional of the need for an additional bedroom for a medical necessity or
- ____ Verification from a medical professional of client's need for a live in aid
- ____ If approved as a reasonable accommodation and the additional bedroom is being used for medical equipment, a picture of the room to verify it is being used for the intended purpose
- ____ If applicable, Live in Aid Certification form
- ____ if applicable, Live in Aid's SS card and Birth Certificate

Print Housing Eligibility Specialist's and Compliance Supervisor's Name

Signature of Housing Eligibility Specialist and Compliance Supervisor _____ Date _____