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## REASONABLE ACCOMMODATION - TO RENT FROM A RELATIVE

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Head of Household: \_\_\_\_\_

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

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

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### HOUSING AND URBAN DEVELOPMENT REGULATIONS

According to HUD regulations, an Applicant/Participant (or any household member) cannot be related by blood or marriage to the owner of the unit under the voucher program. Exceptions may only be granted in rare cases as a reasonable accommodation for a person with disabilities who requires a specially modified unit and such a unit is only available from a relative.

In no cases is a voucher participant permitted to rent a unit from a relative if the relative also lives in the unit. Therefore, the owner must provide verification that they do not live in the unit assisted through the voucher program.

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### DOCUMENTS REQUIRED

To request permission to rent from a relative, please provide the following documents:

1. Completed Reasonable Accommodation Questionnaire form, with explanation as to the special features that your unit must have to accommodate your disability. We will verify this with your licensed physician, psychiatrist, nurse-practitioner, social worker, rehabilitation professional, or other licensed professional after you return the questionnaire.
2. A List of Properties Contacted (enclosed) verifying that you have searched for a unit with the necessary modification and been unable to locate one.
3. Verification that the Owner does not live in the unit you propose to rent. This verification can include utility bill, rental agreements, and/or mortgage documents showing the owner's residence
4. The owner and Applicant/Participant must sign this request and return it to the Caribou Housing Authority.
5. If your request is approved, you will be notified in writing. You are encouraged to continue to look for units to rent while your request is being processed.

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**OWNER CERTIFICATION**

I, (Owner), certify that I am the owner of the unit at: (address of rental unit for which Section 8 Applicant/Participant is requesting authorization to rent) \_\_\_\_\_

and that I am the relationship – father, cousin, daughter, etc.) \_\_\_\_\_  
of the Applicant/Participant (including any household members).

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**NOTIFICATION**

You will be informed of the housing authority’s granting/denial/status of this request within thirty (30 days of the receipt of this request.

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**CERTIFICATIONS:**

I certify, under penalty of perjury, that I do not live at the unit that I propose to rent to the Applicant/Participant, nor do I intend to live in the unit during the period of assistance.

**WARNING: Section 1001 of Title 18 of the U.S. Code makes is a criminal offense to make willful false statements or misrepresentation to any Department or Agency of the United States.**

Property Owner/Landlord: \_\_\_\_\_

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

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

Relationship to Head of Household: \_\_\_\_\_

Relationship to Other Family Members: \_\_\_\_\_

x. \_\_\_\_\_  
Signature of Owner Date

x. \_\_\_\_\_  
Signature of Section 8 Head of Household Date

**\*\*If you or anyone in your household is a person with disabilities, and you require a specific accommodation in order to fully utilize our programs and services, please contact the Caribou Housing Authority.\*\***