

DEPARTMENT OF COMMUNITY SERVICES  
CITY AND COUNTY OF HONOLULU

SECTION 8 HOUSING ASSISTANCE PAYMENTS PROGRAM  
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INTERNET: <http://www.honolulu.gov>

**Disability Accommodation Request for Live-In Aide and/or Extra Bedroom**

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

Unit address: \_\_\_\_\_

Name of disabled or elderly/near elderly household member requesting accommodation: \_\_\_\_\_

- The household member is a person with a disability or is elderly or near elderly (check all that apply):
- The person receives SSI/SSDI.
  - A certified health care professional will certify on a verification form that the person is disabled.
  - The person is elderly or near-elderly.

Live-in aide request (*skip if aide is not required*):

- A live-in aide is necessary to afford the household member equal use and enjoyment of the dwelling unit.
- A daily in-home worker is not equally effective as a reasonable alternative accommodation because:

Bedroom request:

- The household currently has a \_\_\_\_\_ voucher subsidy size. We are requesting to:
  - Keep our current unit where we are considered over-housed for now.
  - Be upgraded to a larger bedroom subsidy and move to a larger unit.
- The household member requests the additional bedroom for medical equipment because of its size/function.

Describe medical equipment dimensions and/or functional requirements:

Describe why the current unit (including the living room) is inadequate:

The household member needs an extra bedroom as a disability accommodation because (please specify if not explained above):

**WARNING:** Any person who signs this statement and who willfully states as true any material Matter that he/she knows to be false is subject to the penalties prescribed for perjury in the Hawaii Revised Statutes, HRS 710-1063, 453-0012, 571-0057

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Head of Household)