



McHenry County Housing Authority

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HOUSING CHOICE VOUCHER (SECTION 8) REQUEST FOR REASONABLE ACCOMMODATION

Interpreter Services		
<p>Albanian Shqip</p> <p>Keni të drejtën për përkthyes falas gjatë vizitës mjekësore. Ju lutem tregoni me gjuhën që flisni. Ju lutem prani, do t'ju gjëjmë një përkthyes për vizitën mjekësore.</p>	<p> Haitian Creole Kreyòl Ayisyen</p> <p>Ou gen dwa a yon entèprèt gratis. Tanpri montre nou lang pa w la. N ap réle yon entèprèt pou ou. Tanpri ret tann.</p>	<p>Russian Русский</p> <p>Вы имеете право на услуги бесплатного переводчика. Назовите, пожалуйста, свой язык. Медицинский переводчик будет вызван. Пожалуйста, подождите.</p>
<p>Amharic አማርኛ</p> <p>የለምን ያል አስተርጓሚ የግንኙነት ሙሉ አለብን ። የሚገኙትን የሚረዱትን ጽንፈ ለመጠቀም ያሙሉን። አስተርጓሚ እስኪጠጡ ድረስ እስከ ይታያል ።</p>	<p>Hebrew עברית</p> <p>יש לך זכות להשתמש בשירותיו של מתורגמן ללא תשלום. נא להציע על השפה שלך. מיד ניוצר קשר עם מתורגמן. נא להמתין.</p>	<p>Serbo-Croatian Srpsko-Hrvatski jezik</p> <p>Vi imate pravo na besplatnog prevodioca. Molimo vas da pokazete na vas govorni jezik. Lagalan prevodilac oe biti pozvan. Hvala i molimo vas da sačekate.</p>
<p>Arabic عربي</p> <p>يحق لك الحصول على خدمات ترجمة فورية دون أي مقابل. يرجى منك أن تشير إلى اللغة التي تتحدث بها للمترجم العلمي. يرجى منك الانتظار لحين استدعاء المترجم.</p>	<p>Hindi हिन्दी</p> <p>आपको नि:शुल्क दुर्भाषिया (अनुवादक) प्राप्त करने का अधिकार है। कृपया अपनी भाषा की ओर इशारा करें। एक दुर्भाषिया (अनुवादक) को बुलवा जाएगा। कृपया प्रतीक्षा करें।</p>	<p>Somali Soomaali</p> <p>Waxaad xaq u leedahay in tarjumaan lacag la'aan ah laguugu yeero. Fadlan farta ku fiq luqaddaada. Tarjumaan ayas laguugu wacayaa. Ee fadlan sug!</p>
<p>Armenian Հայերեն</p> <p>Ձեզ ավելք արգելազրկելով անվճարովի լիարժեք ստանալի արև. ձեր լեզուն և հարկադրված ձեր լեզուն և արգելազրկված լիարժեք: Ինչպես կը սպասուք:</p>	<p>Hmong Hmoob</p> <p>Koj muaj cai txais kev pab txhais lus dawb tsis them nyiaj. Thov tes rau koj hom lus noov. Mam hu tus txhais lus. Thov nyob tos.</p>	<p>Spanish Español</p> <p>Usted tiene derecho a un intérprete gratis. Por favor, señale su idioma y llamaremos a un intérprete. Por favor, espere.</p>
<p>Bengali বাংলা</p> <p>আপনার স্বাধীনতা রয়েছে। আপনি কোন ভাষায় কথা বলতে চান? আমরা আপনার ভাষা বুঝতে সক্ষম হব। আমরা আপনার ভাষা বুঝতে সক্ষম হব।</p>	<p>Italiano</p> <p>la vostra lingua è attendete, un interprete sarà chiamato al più presto.</p>	<p>Swahili Swahili</p> <p>Ni haki yako kuwa na mtafiri bila malipo yoyote. Tafadhali chagua lugha yako kati ya hizi. Mtafiri ataitwa. Tafadhali ngoka.</p>
<p>Cape Verdean Creole Criolu di Cabu Verdi</p> <p>Nhós tem direito a um intérprete gratuito de nhós língua. Mostra qual qui nhós língua pa nó podi tchome intérprete. Nhós aguarda um momento, por favor.</p>	<p>Japanese 日本語</p> <p>通訳を無料でご利用になれます。該当する言語を指示して下さい。通訳を手配いたしますのでお待ち下さい。</p>	<p>Tagalog Tagalog</p> <p>Ikaw ay may karapatan na magkaroon ng tagapagsalin na walang bayad. Ilina ang iyong wika. Ang tagapagsalin ay tatawagin. Maghintay.</p>
	<p>Khmer</p>	<p>Thai</p>

(THIS FORM IS AVAILABLE IN LARGER FONT OR ALTERNATIVE FORMAT UPON REQUEST)

PLEASE PRINT CLEARLY

Head of Household: _____ TDD/Phone: _____

Address: _____ State/Zip: _____

Currently, I am:

- An applicant on the waiting list for
 - The Housing Choice Voucher (Section 8) program
- Currently a participant in the Housing Choice Voucher (Section 8) Program

Household member who needs accommodation: _____

The household member above has a disability because he or she has a physical or mental impairment that limits one or more major life activities or has a record of having such an impairment.



Please fill out all the following information regarding the person who needs the accommodation(s). It is important for you to provide this detail in order for MCHA to best evaluate this request. *Please DO NOT submit medical records.*

As a result of this disability, I am requesting the following reasonable accommodation(s) for the disabled Household Member listed above. Please check one or more boxes below.

- A live-in aide is necessary to afford the Household Member equal use and enjoyment of the dwelling unit. Please answer the following question. Use the space below and additional paper if needed.

A daily in-home worker, or rotating shifts, are not equally effective as a reasonable accommodation because:

- A change in the following rule, policy or procedure. (Note that fundamental requirements must still be met). Please specify the necessary change. Attach additional pages if necessary.

- Other (for example, a change in the way MCHA communicates with you). Please specify the necessary change. Attach additional pages if necessary.

The purpose of an accommodation is to remove or relieve a barrier posed by the disability-related limitation. The disabled Household Member needs this reasonable accommodation(s) because (you may attach additional pages if necessary):

I understand that the information obtained by the housing authority will be kept completely confidential and used solely to make a determination on my reasonable accommodation request.

FRAUD AND FALSE STATEMENTS

Title 18, Section 1001 of the U.S. Code states that a person who knowingly and willingly makes false and fraudulent statements to any department of the United States Government, including the Department of Housing and Urban Development (HUD), a public housing authority (PHA), and any owner (or employee of HUD, the PHA, or the owner) may be subject to penalties that include fines and/or imprisonment.

Signature

Printed Name

Date