

Request for an Additional Bedroom



Name

Address

Information for applicants

You have indicated you wish to apply for an **additional bedroom** above the number of bedrooms your household qualifies for under the local occupancy standards. A request for an additional bedroom must include the following;

- This form, "Request for an Additional Bedroom," to be completed by the applicant

AND the relevant documentation from the list below:

- Verification and declaration completed and signed by a licensed medical physician **or**
- Verification in the form of an employment contract or notarized agreement **or**
- Verification in the form of a court order or notarized agreement

In order to avoid any delays in processing your request for an additional bedroom, please ensure that all sections of the form are completed. All information disclosed to will remain confidential.

Please return the form by mail to:

Types of requests for an additional bedroom

1. Disability or medical condition

Spousal: A spouse has a disability or medical condition that makes it reasonably necessary to have a separate bedroom.

Medical Equipment: A member of the household has a disability or medical condition that requires a bedroom to store medical equipment that is too large to be reasonably accommodated in the number of bedrooms the household would normally qualify for under the local occupancy standards.

Caregiver: A member of the household has a disability or medical condition that requires a bedroom to accommodate an individual who provides full-time, overnight support services because of the household member's disability or medical condition.

2. Pregnancy

A member of the household is pregnant, and the household will be eligible for an additional bedroom for the child.

3. Joint custody/Access of a child

A member of the household has a formal agreement for:

- joint custody of a child who is not a full-time member of the household; **or**
- visiting rights that includes frequent overnight access to a child who is not a full-time member of the household;

and the dependent child will reside with the household at least 50% of the time and the bedroom is required to accommodate the child.

I, _____ (print name), hereby request an additional bedroom and authorize and consent to the disclosure to _____, information and documents required for the purpose of verifying the information and documentation provided to determine my eligibility for an additional bedroom.

Signature

Date (yyyy/mm/dd)

Please describe your current living situation

(This must be completed before taking this form to the doctor)

Occupancy standards

- Number of bedrooms I/we currently have
- Number of bedrooms I/we are applying for

Reason for requesting an additional bedroom

Please select the appropriate type of request below

Disability or medical condition

Please check the appropriate box and have a licensed physician complete page 3 of this form.

Spousal: You or your spouse have a disability or a medical condition that makes it reasonably necessary to have separate bedrooms.

Equipment: A member of your household has a disability or medical condition that requires a bedroom to store medical equipment that is too large to be reasonably accommodated in the number of bedrooms your household would normally qualify for under the local occupancy standards.

Caregiver: A member of your household has a disability or medical condition that requires a bedroom to accommodate an individual who provides full-time, overnight support services because of the household member's disability or medical condition. There must be a formal written agreement demonstrating a professional relationship between the individuals. Along with confirmation from a licensed physician (See page 3), please provide an employment contract or notarized agreement detailing the necessary support services and professional relationship.

Pregnancy A member of your household is pregnant, and the household will be eligible for an additional bedroom for the child. Please provide a document or letter from a medical professional confirming the pregnancy.

Joint custody / Access of a child

A member of the household has a formal agreement for:

- joint custody of a child who is not a full-time member of the household; or
- visiting rights that includes frequent overnight access to a child who is not a full-time member of the household.

and the dependent child will reside with the household at least 50% of the time and the bedroom is required to accommodate the child.

Please provide a legal document such as court order or notarized written agreement that details the dependent child resides with the household at least 50% of the time.

This form is to be completed by your physician.

Your patient lives in Rent-Geared-to-Income (RGI) housing and is requesting an additional bedroom due to a medical condition or disability. Please select the appropriate reason and describe the aspects of your patient's medical condition or disability for which they may qualify for an additional bedroom. This information will be used to determine whether it is reasonably necessary for your patient to have an additional bedroom due to a medical condition or disability.

1. Please select the appropriate reason for which your patient, in your opinion, may qualify for an additional bedroom due to a medical condition or disability

Spousal: Due to a medical condition or disability, one of the spouses requires their own bedroom. An additional bedroom is not considered reasonably necessary for snoring, sleep apnea machines and/or related equipment, frequent nocturnal urination, restless leg syndrome, and insomnia.

Medical equipment: Due to a medical condition or disability, a member of the household requires a bedroom for large medical equipment. Equipment that will not normally qualify a household for an additional bedroom includes continuous positive airway pressure (CPAP) machines, air-filtration systems, vaporizers, humidifiers, walkers, wheelchairs, scooters, massage tables, and exercise equipment.

Caregiver: Due to a medical condition or disability, a member of the household requires a bedroom for a full-time caregiver. A full-time caregiver means someone employed by your patient to provide full-time overnight support services.

2. Please describe the aspects of your patient's medical condition or disability so their Housing Provider can determine if it is reasonably necessary for them to have an additional bedroom due to their medical condition or disability.

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Physician verification and declaration

I certify that this information represents my professional opinion and to the best of my knowledge and belief is true and correct.

Office stamp	
Physician name (please print)	
Physician signature	
Date (yyyy/mm/dd)	

Do not fax, original form is required