

NOTICE OF RIGHT TO REASONABLE ACCOMMODATION

If you have a disability, and as a result of your disability, you need:

A change in the rules or policies to give you an equal opportunity to use the facilities or participate in a housing assistance program; or,

A change in the way we communicate with you or give you information,

you may ask for this kind of change, which is called a reasonable accommodation.

If you can show that you have a disability, and if your request is reasonable (does not pose “an undue financial or administrative burden”), we will try to grant your request.

We will give you an answer within ten (10) working days, unless there is a problem getting the information we need, or unless you agree to a longer time. We will let you know if we need more information or verification from you, or if we would like to talk to you about other ways to meet your needs.

If we turn down your request, we will explain the reasons, and you can give us more information, if you think that will help.

If you need help filling out a *Reasonable Accommodation Request Form*, or if you want to give us your request in some other way, we can help you.

Attached is a *Reasonable Accommodation Request Form*. You can get additional forms at the Administrative Office of the Housing Authority, or from your Manager.

NOTE: All information you provide will be kept confidential and be used only to help you have an equal opportunity to participate in our housing assistance programs.

If you have any questions, contact Laura Toy, Section 504 Coordinator, at extension #223.

Applicant/Resident/Participant Signature

Date

REQUEST FOR A REASONABLE ACCOMMODATION

Name: _____ Phone: _____

Address: _____ Apt.#: _____

City: _____ State: _____ Zip: _____

Currently, I am:

- An applicant on the waiting list
- A resident or Section 8 participant

The following member of my household has a disability that qualifies under HUD rules (a mental or physical impairment that substantially limits one or more major life activities; a record of such an impairment; or being regarded as having such as impairment).

Name: _____ Relationship: _____

As a result of his/her disability, the following change(s) are necessary so he/she can have the opportunity to equally participate in the housing assistance programs:

You may verify the disability and the need for this request by contacting the following health care professional:

Name & Title: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

I give you permission to contact the above individual for purposes of verifying that I, or a family member, have a disability and need the reasonable accommodation requested above. I understand that the information you obtain will be kept completely confidential and used solely to determine whether or not you will provide an accommodation.

Signature (Person with Disabilities or Head of Household)

Date