

APPLICANT AND RESIDENT NOTIFICATION TO REQUEST A REASONABLE ACCOMMODATION

Under Section 504 of the Rehabilitation Act of 1973 the owner honors qualified individuals' reasonable requests for modifications in policies, practices and facilities, when such accommodations may be necessary to afford an individual equal opportunity to use and enjoy the benefits of this development and are not fundamental program changes.

Examples of reasonable accommodations may include, but are not limited, to:

- Meeting with a qualified individual in their unit to conduct a(re)certification interview
- Using auxiliary aids where necessary to communicate with a qualified individual
- Modifying specific features of units for a qualified individual
- Permitting a qualified individual to use assistive devices and animals

A qualified individual with a disability/handicap may request a reasonable accommodation by communicating such a request to an administrative staff member at the site management office. Depending on the nature of the request, the applicant/resident may be requested to complete a Section 504 Accommodation Request Form. If the applicant/resident is unable to complete the form due to a disability; staff will accommodate the individual by assisting him/her.

Applicants/residents should also be aware HUD permits all housing providers to verify that the individual requesting a Section 504 accommodation is eligible for such a benefit under law. Therefore, staff may request individuals to provide additional information and/or sign verification consent forms.

All requests for accommodations will be processed in accordance with established policy and procedures.

_____(NAME OF HOUSING PROVIDER) is committed to comply with all requirements of Section 504 of the Rehabilitation Act of 1973.



Request for Reasonable Accommodation

Head of Household: _____

Person requesting a Reasonable Accommodation: _____

Address: _____

Phone: _____

Section 504 of the Rehabilitation Act and the Fair Housing Amendments Act defines a “disability” as a physical or mental impairment which substantially limits one or more of a person’s major life activities, a record of having such impairment, or being regarded as having such an impairment.

1. Based on the above definition I consider myself to be an individual with a disability.
☐ Yes ☐ No
2. As a result of my disability, I am requesting a reasonable accommodation in order to have an equal opportunity to participate in, or benefit from, _____ (name of property).
3. As a result of my disability, I am requesting the following accommodation in order to have an equal opportunity to participate in, or benefit from, _____ (name of property).

4. As a result of my disability, the above accommodation is necessary because: _

Verification Information: Please provide Owner/Property Manager with the contact information of a knowledgeable professional who can verify the disability and the need for the requested reasonable accommodation:

Name: _____

Title: _____

Address: _____



Phone: _____

Fax: _____

Authorization to Release Information: I authorize the individual/care provider listed above to disclose relevant information to the Owner/Property Manager verifying that I have a disability and need the accommodation I have requested. I understand that the information that the Owner/Property Manager obtains will be kept confidential and used solely to determine if an accommodation should be provided.

Name of Participant: _____

Signature of Participant: _____ Date: _____

