

REQUEST FOR REASONABLE ACCOMMODATION/MODIFICATION

FORMS AND PROCEDURE

Housing Providers are required to provide a reasonable accommodation in their rules, policies practices and procedures and allow reasonable modifications (changes to the physical structure) for qualified individuals (persons with disabilities) as defined by law.

When considering a reasonable accommodation/modification request a Housing Provider can only take the following into consideration:

- ❖ Is the individual (or the intended tenants of the housing) which is the subject of the request, qualified? (Is the individual a person with a disability as defined by law or is the housing designed to serve persons who are disabled as defined by law?)
- ❖ Is the request for a accommodation or modification necessary? (This is not determined by the Housing Provider but by the individual pr developer of the housing and confirmation can be requested to be provided by a medical health professional.)
- ❖ Would the requested accommodation impose an undue financial or administrative burden? (For a modification this in only considered if the modification is to be paid for by the housing provider. Please consult HUD or DFEH to determine if the Housing Provider is required to pay for the modification.)
- ❖ Would the requested accommodation or modification require a fundamental alteration in the nature of the program?

The Housing Provider should not ask about the nature or severity of the disability in question. The Housing Provider need only consider whether or not the request is 'reasonable' in terms of cost and alteration of their housing program. They may ask questions which will clarify what it is about the policy, practice or procedure that serves as a barrier (so that the housing provider may offer an alternative 'solution' if the requested accommodation is not 'reasonable'.) They should not attempt to determine whether or not the request is necessary for the individual(s) in question. That is up to the individual and their advisors.

Following are draft forms which do two things.:

- ❖ Determine that an individual (or the prospective tenants) are qualified under the law for a reasonable accommodation/modification, and
- ❖ Verify that what is being requested is consistent with the needs associated with the individual(s) and their disability.

These forms were adapted by Wanda Remmers, Housing Rights, Inc. (510-548-8776). Please call if you have questions.

REQUEST FOR AN ACCOMMODATION OF A HOUSING POLICY

(EXAMPLE)

I qualify as an individual with a disability as defined by federal and state fair housing laws.

You have a policy that prohibits animals in your building located at_____. Because of my disability, that policy would restrict my ability to use and enjoy an apartment in that building.

In accordance with my rights under federal and state fair housing laws I am requesting that you make an accommodation of your animal policy and allow me to have a cat.

Please respond in writing, within ten working days, to my request for the above accommodation.

Thankyou for your attention to this important matter.

Signature:

Date:

The accommodation requested above by my client, _____ is consistent with her needs associated with her disability.

Signature of Medical Professional

Printed name and title

CERTIFICATION OF STATUS AS AN INDIVIDUAL WITH A DISABILITY

In federal civil rights laws the definition of disability includes:

“...with respect to a person, a physical or mental impairment which substantially limits one or more major life activities, a record of such an impairment; or being regarded as having such an impairment...”

“...physical or mental impairment includes: (1) any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems: neurological; musculoskeletal; special sense organs; respiratory, including speech organs; cardiovascular, reproductive, digestive; genito-urinary ;hemic and lymphatic; skin, and endocrine; or (2) any mental or psychological disorder, such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities.

“...The term ‘physical or mental impairment’ includes, but is not limited to , such diseases and conditions as orthopedic, visual, speech and hearing impairment, cerebral palsy, autism, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, Human Immunodeficiency Virus infection, mental retardation, emotional illness, drug addition (other than addiction caused by current, illegal use of a controlled substance) and alcoholism.:

As a medical/social service professional with a knowledge necessary to make such a determination, I certify that

(name of individual)

qualifies as an individual with a disability as defined above.

(IMPORTANT: Do NOT reveal the specific NATURE OR SEVERITY of the individual’s disability)

Name and professional title

Signature

Date

REQUEST FOR AN ACCOMMODATION OF A HOUSING POLICY

I qualify as an individual with a disability as defined by federal and state fair housing laws.

You have a policy that _____ in your building located at _____. Because of my disability, that policy would restrict my ability to use and enjoy an apartment in that building.

In accordance with my rights under federal and state fair housing laws I am requesting that you make an accommodation of your animal policy and allow me to _____.

Please respond in writing, within ten working days, to my request for the above accommodation.

Thankyou for your attention to this important matter.

Signature:

Date:

The accommodation requested above by my client, _____ is consistent with her needs associated with her disability.

Signature of Medical Professional

Printed name and title