



## Notice of Right to Reasonable Accommodation

*(Confidential Information. This information will not be disclosed or released, except as permitted by law.)*

### **If you have a disability and you need:**

- A change in the rules or policies or how we do things that would make it easier for you to receive rental assistance, and live or use our facilities, or take part in programs on site;
- A repair or change in your apartment or special type of apartment that would make it easier for you to live here and use the facilities or take part in our programs on site;
- A repair or change to some other part of the housing site that would make it easier for you to live here and use the facilities or take part in our programs on site; or
- A change in the way we communicate with you or give you information, for example appropriate auxiliary aids, Telecommunications Devices for the Deaf-TDD, qualified sign language interpreters for persons with speech or hearing impairments, or alternate format for vision impairment.

### **You can ask for this change, which is called a “REASONABLE ACCOMMODATION.”**

If you can show that you have a disability and if your request is reasonable, if it is not too expensive, and if it is not too difficult to arrange, we will try to make the changes you request.

We will make a decision as soon as possible, at least within thirty (30) days, unless you agree to an extension of time. We will let you know if we need more information or verification forms from you or if we would like to discuss other ways of meeting your needs.

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

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

There is a **Reasonable Accommodation Request Form** on the other side of this notice. You may request a **Reasonable Accommodation Request Form** at any time you wish to request a reasonable accommodation.

### **For lease violation or eviction:**

If this problem is a result of a disability, you have a right to a reasonable accommodation (See “Request for Consideration of Mitigating Circumstances”) – creating a plan that would enable you to meet the terms of the lease. If you think such a plan or change is likely to correct the problem, you can ask to speak to the Asset Manager, who will review your request, or the 504 coordinator. If you make such a request, you will need some evidence that the problem was caused by the disability and that the plan is likely to work. If the plan involves someone else, you need evidence that they will provide assistance.



### Request for Reasonable Accommodation

(Confidential Information. This information will not be disclosed or released, except as permitted by law.)

Printed Name:	Telephone:
Address:	

- The following member of my household has a disability: \_\_\_\_\_
- Please provide the following change or changes so that the person listed above can live here as easily or successfully as the other residents. Check (✓) the kind of change(s) you need.
  - A change in my apartment or other part of the housing complex. Please tell us what you need. Use another sheet of paper, if necessary.
  - A change in the following rule or the way you do things. (I understand that I may ask for changes in how I meet the terms of the lease, but that everyone must continue to meet the terms of the lease.) Please tell us what you need. (Use another sheet of paper, if necessary.)
- I need this reasonable accommodation because:
- You may verify the need for this request by contacting:

Name:	
Address:	
Phone:	

- If you asked for a change to your apartment or to the housing complex, please use this space to list any company or organization that might help us locate or build anything special that you need. (If you don't know of any, we will try to get this information ourselves.)

By signing below, I hereby authorize the San Francisco Housing Authority and its staff to contact the individual or agency listed above to obtain any information or materials which are deemed necessary to make a determination regarding my request for Reasonable Accommodation. I hereby authorize the individual or agency listed above to cooperate fully and divulge all information requested.

Signed:	Date:
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**Reasonable Accommodation and/or Modification**  
**[Care Provider Verification]**

Patient Name: \_\_\_\_\_ Client #: \_\_\_\_\_

Name of Care Provider: \_\_\_\_\_

Address: \_\_\_\_\_

Date: \_\_\_\_\_

Dear Care Provider:

Enclosed is a form signed by \_\_\_\_\_ asking you to verify his/her need for a reasonable accommodation in one of the San Francisco Housing Authority Programs (Conventional Public Housing or Housing Choice Voucher).

State and Federal laws require housing providers to make reasonable accommodations or changes to either the apartments, other parts of the housing complex, or to change rules, policies and procedures if such changes are necessary to enable a person with a disability to have equal access to and enjoyment of the apartment and other facilities or programs. Please note that such changes must be necessary for the person to have equal access and enjoyment of the housing and programs, not just desirable.

The applicant or tenant in question has requested the accommodation described on the enclosed form. Please indicate by answering the questions below whether you believe the accommodation is necessary and will achieve its stated purpose. You may also add other information that would be helpful in making the right accommodation for the person. This form should not be used to discuss the person's diagnosis or any other information that is not directly relevant to the request for an accommodation.

Please note that the applicant/tenant has signed the form requesting you to answer the questions. You can call \_\_\_\_\_ at \_\_\_\_\_ if you have any questions.

*In order to maintain client confidentiality we require this form be returned to the SFHA by the U.S. Postal Service at address listed below. Hand delivered forms will not be accepted. Please keep copies of all documents you submit to the San Francisco Housing Authority.*

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Return to SFHA (This form **must be MAILED** to the care provider)

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Section 504 of the Rehabilitation Act and the Fair Housing Amendments Act define 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 an impairment, or being regarded as having such an impairment.

1. Does this individual have a disability, as defined above? Yes \_\_\_\_\_ No \_\_\_\_\_
2. If YES, does this individual, because of this disability, need the accommodation /modification requested? Yes \_\_\_\_\_ No \_\_\_\_\_
3. If YES, please describe the accommodations/modifications needed:

\_\_\_\_\_

\_\_\_\_\_

Name and Address of Person Completing form:

Printed Name: \_\_\_\_\_

Position: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Please Note: Any person who signs this statement and who willingly states as true, any matter which s/he knows to be false, is subject to the penalties prescribed for Perjury in Section 118 of the California Penal Code and Section 11054 of the Welfare and Institutions Code.*

Please Return Form (by US Postal Service) to:

The San Francisco Housing Authority  
1815 Egbert Avenue  
San Francisco, California 94124

OR

*(if individual property office):*

Attn: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

