



SAN FRANCISCO HOUSING AUTHORITY
Section 8 Department
 1815 Egbert Street ♦ San Francisco CA 94124 ♦ (415) 715-3280 ♦ (415) 467-6754 TTY

Reasonable Accommodation and/or Modification
 Client Statement

If you, or a member of your household, has a disability and feel that there is a need for reasonable accommodation for said person to have equal use and access to your unit, please complete this form and submit this form to the SFHA Section 8 Department. Check all items that apply and explain fully. Use the other side of this form if you need more space.

Date: _____

Client Name: _____

Address: _____

Phone #: _____

1. The person(s) who has a disability requiring a reasonable modification is:
- Myself
 - A household member

Name of person with disability: _____

2. I am requesting the following accommodations so that I or my household member(s) can live here as easily as other and enjoy and participate equally in housing:

3. I need this reasonable accommodation because:

Signature of Client: _____

(Please keep copies of ALL documents you submit to SFHA)



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Reasonable Accommodation and/or Modification Care Provider Verification

Name and address of Care Provider:

Date: _____
Patient: _____

Dear Care Provider:

The individual listed above has identified him/herself as being disabled and has asked for an accommodation/modification from this agency to meet the certain needs dictated by the disability. The SFHA grants reasonable accommodation/modification requests based in part by verification of need from a qualified profession who has direct experience with an individual's disability. You have been authorized to release information to us regarding the need for an accommodation/modification.

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.

Authorization to Release Information: I authorize the care provider listed above to disclose relevant information to the SFHA regarding the need for a reasonable accommodation/modification. I understand the information the Housing Authority obtains will be kept confidential and used solely to determine if an accommodation/modification should be provided.

Name: _____ Signed: _____
(print)

Date: _____

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

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 an accommodation /modification in any rules, policies, practices, or services of the SFHA to have an equal opportunity to use and enjoy his/her home? **Yes** _____ **No** _____

3. If YES, please describe the accommodations/modifications needed:

4. Do you recommend this type of accommodation/modification for individuals with similar impairments? **Yes** _____ **No** _____

5. If NO, please explain:

6. If necessary, would you be willing to testify under oath to the information provided on this form? **Yes** _____ **No** _____

WARNING: 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.

Name and Address of Person Completing form:

Printed Name: _____

Position: _____

Address: _____

Telephone: _____

Signature: _____

Date: _____

(Please keep copies of ALL documents you submit to SFHA)

Please Return Form (by US Postal Service) to:

San Francisco Housing Authority

Section 8 Housing Department

1815 Egbert Avenue

San Francisco CA 94124

Attn: _____

December 27, 2010
reasonable accomodation packet (2)

English
Translated by:
International Effectiveness Center (IEC)