



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 you or 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 the assistance.





Request for Reasonable Accommodation

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

Printed Name:	Telephone:
Address:	

1. The following member of my household has a disability: _____
2. 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.)
3. I need this reasonable accommodation because:
4. You may verify the need for this request by contacting:

Name:	
Address:	
Phone:	

5. 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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SAN FRANCISCO HOUSING AUTHORITY



Any individual with a disability or other medical need who needs accommodation with respect to this correspondence should inform the Department.

Please notify the Department that you require interpretation services if you do not speak, read or write English. Interpretation may be provided at no cost to you, in your primary language to help you to understand this notice.

**REASONABLE ACCOMMODATION:
REQUEST FOR CONSIDERATION OF MITIGATING CIRCUMSTANCES**

Applicant/Tenant Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ email: _____

I have a disability. I request that you consider the following reasons why the problems that caused you to terminate my housing assistance are a result of my disability and why they are not likely to happen again. These are the mitigating circumstances:

1. I think the problem happened as a result of my disability. This is why my disability resulted in the problem:

2. I think the problem is not likely to happen again because:

The things described below have changed in my life. (Please describe.)

A reasonable accommodation from housing would solve the problem. (Please describe or attach a REASONABLE ACCOMMODATION REQUEST form.)



1815 EGBERT AVENUE, 1ST FLOOR, SAN FRANCISCO, CALIFORNIA 94124

WWW.SFHA.ORG

Reasonable Accommodation: Mitigating Circumstances

3. You can verify that the problem for which I was terminated from housing was a result of my disability by contacting:

Agency Name: _____

Contact Person: _____

Phone: _____ email: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

4. You can verify the reasons that I think the problem isn't likely to happen again and that I will be likely to continue doing what I need to do to avoid these problems by contacting:

Agency Name: _____

Contact Person: _____

Phone: _____ email: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

5. You can verify that the reasonable accommodation request I made is necessary for me and likely to solve the problem by contacting:

Agency Name: _____

Contact Person: _____

Phone: _____ email: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Signed: _____ Date: _____

