

## **Notice to all Applicants:**

### **Reasonable Accommodations for Applicants with Disabilities**

The San Antonio Housing Authority is a public agency that provides low rent housing to eligible families, elderly families and single people. SAHA is not permitted to discriminate against applicants on the basis of their race, religion, sex, color, national origin, age, disability or familial status. In addition, SAHA has a legal obligation to provide "reasonable accommodations" to applicants if they or any family members have a disability. A reasonable accommodation is some modification or change SAHA can make to its apartments or procedures that will assist an otherwise eligible applicant with a disability to take advantage of SAHA's programs. Examples of reasonable accommodations would include:

- Making alterations to a SAHA unit so it could be used by a family member with a wheelchair;
- Adding or altering unit features so they may be used by a family member with a disability.
- Installing strobe type flashing light smoke detectors in an apartment for a family with a hearing impaired member;
- Permitting a family to have a large dog to assist a family member with a disability in a SAHA family development where the size of dogs is usually limited;
- Making large type documents, Braille documents, cassettes or a reader available to an applicant with a vision impairment during the application process;
- Making a sign language interpreter available to an applicant with a hearing impairment during the interview or meetings with SAHA staff;
- Permitting an outside agency or individual to assist an applicant with a disability to meet the SAHA's applicant screening criteria.

An applicant family that has a member with a disability must still be able to meet essential obligations of tenancy. They must be able to pay rent, to care for their apartment, to report required information to the Housing Authority, to avoid disturbing their neighbors, etc, but there is no requirement that they be able to do these things without assistance.

If you or a member of your family have a disability and think you might need or want a reasonable accommodation, you may request it at any time in the application process or at any time you need an accommodation. This is up to you. If you would prefer not to discuss your situation with the housing authority, that is your right.

**SPECIAL UNIT REQUIREMENT(S) QUESTIONNAIRE**

This questionnaire is to be administered to every applicant for public housing at the Housing Authority. It is used to determine whether an applicant family needs special features in their housing unit. The need for special adaptations must be verified in order to assure that the limited number of units with special features go to families that actually need the features.

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Applicant Name \_\_\_\_\_ File \_\_\_\_\_  
Interview Conducted by \_\_\_\_\_ Date \_\_\_\_\_

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1. Will you, or any member of your family require any of the following:
- A separate bedroom
  - A barrier-free apartment
  - One-level unit
  - Other modifications to unit
  - Unit for Vision-Impaired
  - Unit for Hearing-Impaired
  - Bedroom & Bath on 1st floor
  - Extra Bedroom
- Live In Attendant**
2. Can you and all family members use the stairs unassisted? Yes  No   
If No, please indicate how the SAHA should accommodate your family: \_\_\_\_\_  
\_\_\_\_\_
3. Will you or any of your family members need a live-in aide to assist you? Yes  No   
If Yes, please explain \_\_\_\_\_  
\_\_\_\_\_
4. If you checked any of the above listed categories of units, please explain exactly what you need to accommodate your situation. Attach additional sheets if needed.  
\_\_\_\_\_  
\_\_\_\_\_
5. What is the name of the family member needing the features identified above? \_\_\_\_\_  
\_\_\_\_\_

Whom should we contact to verify your need for a special apartment?  
Name \_\_\_\_\_  
Address \_\_\_\_\_ Phone # \_\_\_\_\_

I certify that the above information is accurate and complete.

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_- \_\_\_\_\_ : \_\_\_\_\_ a.m. p.m. (check one) \_\_\_\_\_  
(Today's Month/Day/Year) (Current Time) (Head of Household Signature)

## VERIFICATION OF NEED FOR UNIT WITH SPECIAL FEATURES

Name \_\_\_\_\_

Date \_\_\_\_\_

Address \_\_\_\_\_

Applicant \_\_\_\_\_

Dear Sir/Madam:

The above-named person is applying for admission to public housing and has expressed a need for either a unit with the special features, or a live-in aide. The applicant has named you as a person who can verify the need for the features/aide. It would be appreciated if you would review the information provided and verify the applicant's need for the listed characteristics, if, in your best professional opinion, such is needed. If you have any questions, please call me at \_\_\_\_\_. Your prompt return of this form in the attached stamped, self-addressed envelope would expedite processing.

Sincerely; \_\_\_\_\_

Name

Signature

1. Name of family member with special housing need: \_\_\_\_\_

2. Nature of need(s):

**Special Unit:**

A separate bedroom

Unit for Vision-Impaired

A barrier-free apartment

Unit for Hearing-Impaired

One-level unit

Bedroom & Bath on 1st floor

Other modifications to unit

Extra Bedroom

**Live In Attendant**

3. Verification and explanation of need(s): Please do not provide any information about the nature or extent of the applicant's disability. Simply indicate whether, in your professional judgment, the applicant needs the above feature in an apartment:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Name of person providing verification \_\_\_\_\_

Signature: \_\_\_\_\_ Name of agency \_\_\_\_\_

Phone # \_\_\_\_\_ Agency address \_\_\_\_\_ Date \_\_\_\_\_

I \_\_\_\_\_ hereby authorize the release of the requested information

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