



## **Notice Of Right To Reasonable Accommodation**

### **Reasonable Accommodation Process**

If you have a disability and you require some sort of modification to fully access and utilize the housing program or related services, you may request a reasonable accommodation. Modification requests can include:

- An exception to a rule, policy, or procedure
- A change or repair in your unit or some other part of the housing site
- A special type of unit
- A change in the way we communicate with you or give you information

To qualify for a reasonable accommodation, you must

1. Be a person with a disability under the following ADA definition:
  - A physical or mental impairment that substantially limits one or more of the major life activities
  - A record of such impairment; or
  - Regarded as having such an impairment
2. Submit a Request for Reasonable Accommodation form
3. Have a qualified physician or other professional verify that you require the accommodation due to your disability and the change is required for you to have equal access to the housing program.

If you qualify for the accommodation and it would not create an undue administrative or financial burden, SAHA will make every effort to grant the request or present an alternate accommodation that will still meet the needs of the request.

SAHA will provide a written decision to you in a reasonable time frame. If no additional information is needed and no verification outstanding, a response should be sent to you within 14 workdays.

The written decision will include details on the request if approved, or an explanation for denial of the request, as well as details on requesting an informal hearing to have the decision reviewed.

You may pick up a Reasonable Accommodation Request Form at our offices, or request that one be mailed to you. If you require accommodation with respect to submitting the Reasonable Accommodation Request Form, you should contact our office at (210) 477-6205.

### **For Lease Violation or Eviction:**

If your housing assistance is in jeopardy due to eviction proceedings or a lease violation resulting from your disability, you can request a reasonable accommodation that would enable you to meet the terms of the lease. Contact our office at (210) 477-6205.

### **Falsification of Reasonable Accommodation Requests**

Falsifying information constitutes program fraud under 24 CFR § 982.551(k) and may result in denial or termination of benefits.



## **Aviso sobre el Derecho a un Alojamiento Razonable**

**Proceso para obtener un Alojamiento Razonable** Si usted tiene alguna incapacidad y requiere algún tipo de modificación para tener acceso completo y poder utilizar el programa de vivienda o los servicios relacionados, puede solicitar un alojamiento razonable. Las solicitudes de modificación pueden incluir lo siguiente:

- Alguna excepción a alguna regla, política o procedimiento.
- Algún cambio o arreglo de su unidad de vivienda o de alguna otra parte del sitio de vivienda.
- Algún tipo especial de unidad de vivienda.
- Algún cambio en la manera en la cual nos comunicamos con usted o en que le damos información.

Para poder calificar a un alojamiento razonable, usted debe llenar las siguientes condiciones:

1. Ser una persona con alguna incapacidad bajo la siguiente definición de la Ley para Estadounidenses con Incapacidades (ADA): **Un trastorno físico o mental que limita sustancialmente una o más actividades principales de la vida.**
  - Un registro de dicho trastorno;
  - Que es considerado como alguien con dicho trastorno.
2. Enviar una solicitud de Alojamiento Razonable.
3. Hacer que un médico calificado u otro profesional verifique que usted requiere el alojamiento debido a su incapacidad y que el cambio es requerido para que usted tenga acceso equitativo al programa de vivienda.

Si usted califica para el alojamiento y este no crearía una carga administrativa o financiera excesiva, SAHA hará todo lo necesario para acceder a la solicitud o proponer un alojamiento alternativo que aún cumpla con las necesidades de la solicitud.

SAHA le entregará una decisión por escrito en un marco de tiempo razonable. Si no se necesita información adicional y si no hay ninguna verificación pendiente, se le deberá estar enviando una respuesta dentro de 14 días hábiles a partir de la solicitud.

La decisión por escrito incluirá detalles de la solicitud si es aprobada o una explicación de la denegación de la solicitud, al igual que los detalles para solicitar una audiencia informal para que la decisión sea reconsiderada en caso de negativa.

Puede recoger un Formulario de Solicitud para Alojamiento Razonable en nuestras oficinas o solicitar que le sea enviado por correo. Si usted necesita aprobación del envío de un Formulario de Solicitud para Alojamiento Razonable deberá contactar a nuestra oficina en el teléfono (210) 477-6205.

### **En caso de la Violación del Contrato de Arrendamiento o de Desalojo:**

Si su asistencia para vivienda se encuentra en peligro debido a los procedimientos para ser desalojado o a la violación del contrato de arrendamiento como consecuencia de su incapacidad, puede solicitar un acuerdo razonable que le permita cumplir con los términos del contrato de arrendamiento. Para más información contacte a nuestra oficina en el teléfono (210) 477-6205.

### **Falsificación de las Solicitudes para Alojamiento Razonable**

La falsificación de información constituye un fraude en el programa bajo el artículo 24 CFR § 982.551(k) y puede ocasionar la denegación o la finalización de los beneficios.



**Request for Reasonable Accommodation**

Please specify your request below and complete the authorization portion of the verification form at the bottom of this page. The request will be sent to your healthcare provider to verify the request is related to the stated disability, and would provide you with an equal opportunity to use and enjoy our housing programs.

Date of Request: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Head of Household: \_\_\_\_\_ SSN: \_\_\_\_\_

Address \_\_\_\_\_ City, State \_\_\_\_\_ Zip Code \_\_\_\_\_

1. Name of the **disabled, elderly, or near elderly household member** who is requesting the accommodation.

\_\_\_\_\_

2. Please describe the reasonable accommodation you are requesting.

**Bedroom request (The household currently lives in a \_\_\_\_\_ bedroom unit). We are requesting to:**

Keep our current unit in which we are considered over-housed

Be upgraded to a larger bedroom subsidy and move to a larger unit

The household member requests the additional bedroom for medical equipment, due to its size/function (disabled household members only). Please specify equipment dimensions and functional requirements.

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

The household member requests the additional bedroom for a live-in aide (see below)

A Full-Time live-in aide is necessary to afford equal use and enjoyment of the dwelling unit.

A daily in-home worker, as an alternative accommodation, is not equally effective. (Please explain)

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

**Other request:** (please specify)

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

3. Please provide the contact information for the health care representative who will verify the above request.

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Representative: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_ City, ST: \_\_\_\_\_ Zip Code: \_\_\_\_\_

By signing this form, I authorize the health care entity listed above to disclose any information requested by the San Antonio Housing Authority concerning my request for a reasonable accommodation. SAHA may use this information only for the purpose of verifying my eligibility for the accommodation requested.

**I have reviewed and understand this Authorization. Falsifying information constitutes program fraud under 24 CFR § 982.551(k) and may result in denial or termination of benefits.**

*Household Member requesting accommodation:*

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Any individual with a disability or other medical need who requires accommodation with respect to this form should contact the San Antonio Housing Authority at (210) 477-6205.**

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