



818 South Flores Street | San Antonio, Texas 78204 | 210-477-6262 | www.saha.org

REASONABLE ACCOMMODATION REQUEST

GENERAL INFORMATION	
Head of Household: _____	Last 4 of SSN: _____
Requestor: _____ (If Different from Head of Household)	Phone: _____
Address: _____	Date: _____

PURPOSE OF THIS DOCUMENT
<p>A disability is defined, in part, as a physical or mental impairment that substantially limits one or more major life activities; a record of having such an impairment; or being regarded as having such an impairment.</p> <p>A Housing Choice Voucher resident may request a change in his or her current unit or a transfer to a unit that has already been changed (in the resident's development or another development). An applicant, resident, or program participant may request assistance with, or change in, a San Antonio Housing Authority (SAHA) practice, rule, policy, program or service.</p> <p>SAHA will work with the applicant, resident or program participant to determine how to provide the reasonable accommodation request. SAHA may require documentation to support the reasonable accommodation request(s).</p>

REQUIRED INFORMATION
<p>1. The following is the name of the household member with a disability who needs a reasonable accommodation:</p> <p>Requestor Name: _____</p>
<p>2. Because of the above household member's disability, the following change(s) or assistance (reasonable accommodation) is necessary so that the individual can participate in the SAHA Housing Choice Voucher Program as easily or successfully as other program participants. Check the kind of change(s) you need:</p> <ul style="list-style-type: none"> <input type="checkbox"/> A change or special feature in a SAHA dwelling, building or property. Note: If you are a Section 8 participant, you must make these kinds of requests to your landlord. <input type="checkbox"/> Assistance with, or change in, a SAHA practice, rule, policy, procedure, program or service.
<p>3. Describe the problem that the household member named in item 1 is having, or might have, with a residence or a SAHA practice, rule, policy, procedure, program or service:</p> <p>_____</p> <p>_____</p>



The following person has been designated to coordinate compliance with the nondiscrimination requirement contained in HUD's regulations implementing Section 504: Benjamin Lugg, 818 South Flores, San Antonio, Texas 78204.



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4. Describe the type of change or assistance (reasonable accommodation) required:

Four horizontal lines for text entry.

5. Describe how this change or assistance will help with the problem:

Three horizontal lines for text entry.

6. Indicate the verification source SAHA may contact to verify that the household member named in item 1 has a disability and needs a reasonable accommodation:

Name: _____ Title: _____
(Expert Giving Verification of Reasonable Accommodation Need)

Address: _____

Company: _____

Phone: _____ Fax: _____

Note: Individuals may obtain a copy of the SAHA Reasonable Accommodation Policies and Procedures upon request from the SAHA office (820 S. Flores), or off the SAHA website.

This material is available in an accessible format upon request. Please contact SAHA at (210) 477-6262.

By signing this form, I authorize the health care representative listed above to disclose any information requested by SAHA 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 housing assistance.

Printed Name: _____ Signature: _____ Date: _____

Please Return To: _____ Fax: _____



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