

REASONABLE ACCOMMODATION REQUEST

A participant of San Antonio Housing Authority's (SAHA's) housing assistance programs may request a change in their current unit or a transfer to a unit that has already been changed. An applicant, resident, or program participant may request assistance with, or change(s) in, a SAHA practice, rule, policy, program or service. The requested change must enable a person with a disability to have equal access to, and enjoyment of, their unit or other facilities on site.

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.

SAHA may require documentation to support the reasonable accommodation (RA) request(s).

GENERAL INFORMATION	
Head of Household: _____	Last 4 of SSN: _____
Individual requesting RA: _____	Phone: _____
(If Different Than Head of Household)	

REQUIRED INFORMATION	
<p>1. Because of the above individual's disability, the following reasonable accommodation (change or assistance) is necessary so that the individual can participate in SAHA's Federal Housing Programs. Please check the accommodations requested:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Accessible unit. Please note that if you are a Housing Choice Voucher Program participant, you must make this request to your landlord. <input type="checkbox"/> Live-in Aide <input type="checkbox"/> Designee <input type="checkbox"/> Additional bedroom for medical equipment <input type="checkbox"/> Other: _____ 	
<p>2. Indicate the knowledgeable professional that SAHA may contact:</p>	
Name: _____	Title: _____
(Expert Giving Verification of Reasonable Accommodation Need)	
Address: _____	
Company: _____	
Phone: _____	Fax: _____
<p>Note: Individuals may obtain a copy of the SAHA Reasonable Accommodation Policies and Procedures upon request from the SAHA Central Office (818 S. Flores St., San Antonio, TX 78204) or website (www.saha.org).</p>	

This material is available in an accessible format upon request. Please contact SAHA at (210) 477-6000.

By signing this form, I authorize the health care representative listed above to disclose any information requested by San Antonio Housing Authority (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.

Signature of Individual Requesting RA: _____ Date: _____

Please complete and submit this form to the SAHA Central Office (818 S. Flores St., San Antonio, TX 78204) or to your SAHA property office, if applicable.



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