



Portage Metropolitan Housing Authority

Section 8 Department

REQUEST FOR REASONABLE ACCOMMODATION

The Americans With Disabilities Act (ADA) of 1990 requires that qualified individuals with disabilities shall not be discriminated against and shall be assured an equal opportunity to participate in the housing programs, activities, and services offered by the Portage Metropolitan Housing Authority.

To ensure non-discrimination and equal opportunity, you may request a reasonable accommodation. Reasonable accommodations may include, but are not limited to, the following categories:

- 1) A change in our policies or procedures
- 2) A change in location
- 3) A change in the way we communicate with you

If you require a repair or change in your apartment or a repair or change to some other part of the property, you should first contact your Section 8 Landlord.

The determination of reasonable accommodation will be conducted at the request of and in consultation with the individual with a disability and/or his/her designee. The reasonable accommodation request must be based on the individual's disability.

An individual with a disability may request Reasonable Accommodation by completing the back side of this form. Medical verification of disability should accompany this application. Alternative means of requesting Reasonable Accommodations, such as personal interviews, or a tape recording, will be arranged for individuals with sensory or cognitive disabilities upon request.

In reviewing a request for Reasonable Accommodation, the following factors will be considered in determining whether it presents an undue burden to the Portage Metropolitan Housing Authority:

- Cost
- Effectiveness
- Necessity
- Safety
- Housing program, or service-relatedness
- Potential effect on existing tenants, activities, services, etc.

The Portage Metropolitan Housing Authority will respond to your request within 30 days, unless you agree to an extension of time. The response will be in writing or, where appropriate, in a format accessible to the individuals with a disability; such as large print, Braille, or audiotape.

If additional information is needed to aid in decision-making you will be contacted to further discuss your request. If your request for Reasonable Accommodation is denied, you will be notified of the reasons in writing, or in accessible format, if appropriate. You have the right to appeal this decision, in writing or accessible format within ten (10) days of receipt of decision.

Request for Reasonable Accommodation

Resident Information:

Applicant's Name: _____

Name of Head of Household: _____

Address: _____

City/State/Zip: _____ Phone: _____

Current Bedroom Size: _____ Current Status: Applicant Voucher Mod Rehab

Bedroom Size Requested: _____

Are you currently residing in a Handicapped-Designated unit? _____ Yes _____ No

Family Members

Relationship

Sex

Age

<u>Family Members</u>	<u>Relationship</u>	<u>Sex</u>	<u>Age</u>
_____	<u>HEAD OF HOUSEHOLD</u>	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Accommodation Requested: _____

Based on my disability, I need this accommodation because: _____

Professional contact to verify your disability:

Name: _____

Address: _____

Phone #: _____ Fax # if known: _____

Signature

Date