



## NOTICE OF RIGHT TO REASONABLE ACCOMMODATION

(Confidential Information. This information will not be disclosed or released, except as permitted by law.)

If you have a disability (disability may include physical, mental or other) and need:

- ◆ a change in our policies or procedures
- ◆ a change in the way we communicate with you or give you information, for example, appropriate auxiliary aids, Oregon Relay 711, qualified sign language interpreters for persons with speech or hearing impairments, or alternate format for vision impairment.

### **You can ask for this change, which is called a "REASONABLE ACCOMMODATION"**

If you can show that you have a disability and if your request is reasonable, you can ask for this change. If you would like the owner of your apartment to make modifications in your apartment or to some other part of the property to accommodate a disability, let us know. We can make reasonable attempts to negotiate with the owner to make such modifications.

If your request is reasonable and if it is not too difficult to arrange, we will try to make the changes you need.

We will make a decision as soon as possible, at least within thirty (30) days, unless you agree to an extension of time. We will let you know if we need more information or verification from you or if we would like to discuss other ways of meeting your needs.

If we turn down your request, we will explain our decision, and you may give us additional information.

If you need help in filling out a REASONABLE ACCOMMODATION REQUEST FORM, or if you want to give us your request in another way, we may be able to help you.

The Linn-Benton Housing Authority does not discriminate on the basis of race, color, national origin, religion, sex, familial status, or physical or mental disability. The person responsible for insuring compliance with civil rights, and Section 504 regulations is the Executive Director of the Linn-Benton Housing Authority. He/She may be reached at (541) 926-4497.

REASONABLE ACCOMMODATION REQUEST FORM IS ATTACHED.

*Improving the Quality of Life in Linn and Benton Counties through Affordable Housing*

## REASONABLE ACCOMMODATION FOR INCREASED PAYMENT STANDARD

*(Confidential Information. This information will not be disclosed or released, except as permitted by law.)*

A Housing Authority may approve a higher payment standard if required as a **reasonable accommodation** to enable a family that includes a person with disabilities to rent a **specific unit with unique, necessary accessibility features** that are **not available in units within your Section 8 Housing Choice Voucher limits**.

**Requests must be made after a unit has been identified and must be **verified by a qualified professional**.**

Head of Household Information:

- Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

1. Household Member with a Disability Requiring Accommodation: \_\_\_\_\_

2. Address of Identified Unit with Required Features: \_\_\_\_\_

3. The unit listed above must possess unique features that are required for the family member with a disability to fully utilize the Section 8 Program. Examples of unique features could include but are not limited to **ADA Design** such as roll in shower or lowered countertops and cabinets, **Doorway widening** for wheelchair maneuverability, **Ceiling lift system** for mobility assistance, **Soundproofing** for sensory impairments, or **Unit modifications for severe environmental allergies** (e.g., air filtration systems).

Please describe the unique features of this unit below

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4. Justification for Request

Please explain why **other available units within the regular payment standard** do not meet this disability-related need. Provide details of attempts made to find alternative housing and why they were unsuccessful, including how long you have been looking.

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**Head of Household Signature:**

I understand that this request applies only to the specific unit listed in question 2 and cannot be transferred to a different unit.

- Name: \_\_\_\_\_
- Signature: \_\_\_\_\_
- Date: \_\_\_\_\_

**5. Verification Contact Information (required)**

- Qualified Professional Name: \_\_\_\_\_
- Title: \_\_\_\_\_
- Place of Work: \_\_\_\_\_
- Phone Number: \_\_\_\_\_
- Fax Number: \_\_\_\_\_

**I hereby authorize the release of any information to the Linn-Benton Housing Authority that would be helpful in making a determination regarding the request for a reasonable accommodation. I certify that the above information is true to the best of my knowledge.**

Head of Household

Family Member with Disability if over 18

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

**OFFICE USE ONLY (do not write below this line)**

<b>Summary of Reasonable Accommodation Decision:</b>	<b>Date/Initials:</b>
<b>Notification Details:</b>	<b>Date/Initials:</b>
	<b>Logged:</b> <input type="checkbox"/>
<b>Notes:</b>	

## VERIFICATION OF NEED FOR REASONABLE ACCOMMODATION

The following program participant has requested a reasonable accommodation to the Housing Authority's rules, policies, procedures or practices.

Family Member with Disability: \_\_\_\_\_

The Linn-Benton Housing Authority requires the verification of need from a qualified professional who has an established relationship with the disabled family member listed above. The verifier should have knowledge of the requestor's disability and the ability to render an opinion. A qualified professional may include a physician, other medical or non-medical service agency professional, or other knowledgeable professional.

Do you meet this requirement?     Yes     No    Professional Qualification: \_\_\_\_\_

Disability verification: An individual with a disability is any person who has a physical or mental impairment that substantially limits one or more major life activities such as seeing, hearing, walking, breathing, performing manual tasks, care for oneself, learning, and speaking. This impairment may include, but is not limited to, diseases or conditions such as orthopedic, visual, speech and hearing impairments, cerebral palsy, autism, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, HIV, developmental disabilities, mental illness, drug addiction (other than addiction caused by current, illegal use of a controlled substance) and alcoholism.

Does the person named above qualify as an individual with a disability according to this definition?

Yes     No     Unable to Verify    Initials \_\_\_\_\_

Please review the accommodation requested on page one by the participant before completing the remainder of this form. We recognize the importance of accommodations, however they must be **necessary** due to a disability rather than merely beneficial. We kindly ask for your thoughtful consideration, as these accommodations can impact the number of families we are able to support.

**Assessment of Necessity:** Please check one box below that best conveys your professional opinion regarding the necessity of the requested accommodation by the disabled individual listed above.

Necessary     Beneficial, but Not Necessary     Not Beneficial, Not Necessary     Unable to Say

**Explanation of the Nexus:** Please describe how the requested accommodation is necessary for the client to fully utilize and benefit from our program. The explanation must establish a clear link between the requested accommodation and the limitations caused by the disability. A diagnosis or list of symptoms alone does not justify the request. There must be a well-documented nexus unless the need is self-evident or previously acknowledged. A supplemental letter addressing the nexus in lieu of answering below is acceptable.

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(WARNING: According to 18 USC Part 1, Chapter 47, Section 1001: It is against the law to knowingly provide false information or fraudulent statements regarding participants in federally assisted housing programs. Persons providing such false/fraudulent information or statements are subject to fine, or imprisonment, or both).

Name of Qualified Professional: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_