

Reasonable Accommodation Policy

RCHDC is committed to providing equal access to all its' programs and services. Both the ADA and Section 504 of the Rehabilitation Act protect any individual with a physical or mental impairment that substantially limits that person in some major life activity, and any individual who has a history of, or who is regarded as having, such an impairment. If you or a member of your household has a disability, you have the right to request a reasonable accommodation in order to have equal opportunity of use and enjoyment of programs and services provided by RCHDC.

A reasonable accommodation is some modification or change that the company can make to policies or procedures that will assist an otherwise eligible applicant/tenant with a disability to take advantage of the program, as long as the changes does not create discrimination elsewhere. Compliance actions may include reasonable accommodations as well as structural modifications to the unit or premises, to the extent these reasonable accommodations can be implemented without creating undue financial or administrative burdens to the property.

If you or a member of your household has a disability and wish to request a reasonable accommodation, please notify the Property Manager. He/She will assist you in the reasonable accommodation process. You have the right to request an accommodation at any time during your application process and tenancy.

Signature of Receipt (Must be signed by all adult household members. Attach additional pages as needed):

Signature _____

Signature _____

Signature _____



Reasonable Accommodation/Modification Verification Form

Rural Communities Housing Development Corporation is committed to the letter and spirit of Section 504 of the Rehabilitation Act and the Fair Housing Act, which, among other things, prohibits discrimination against persons with disabilities. In accordance with our statutory responsibilities and program accessibility policies, we will make reasonable accommodations in our rules, policies, practices, or services, when such accommodations may be necessary to afford persons with disabilities an equal opportunity to use and enjoy their housing communities.

Property Name: _____ Unit Number: _____

Name of family member requesting reasonable accommodation: _____

Tenant Instructions

If you would like to request a reasonable accommodation/modification, please sign this form and fill in the name, address, and telephone number of the qualified third party medical provider who will complete and return this form.

Printed Name of Resident

Signature of Resident

***** My signature above authorizes the verifier to provide the information requested below. *****

Name and address of qualified medical provider completing this form:

Printed Name

Address

Phone Number

Fax Number

Provider Instructions

Dear Provider,

Please sign below and complete page 2 of this form. *This form must be returned to the Property Office by fax or mail directly from the third party medical provider, not the tenant.*

I declare under penalty of perjury that the foregoing is true and correct.

Signature of Verifier

Date

Reasonable Accommodation/Modification Verification Form

Verification of need for Reasonable Accommodation/Modification

The Fair Employment and Housing Act prohibits discrimination in all aspects of housing (rental, lease, terms and conditions, etc.) because of a person's disability. Disability is defined as:

- A physical or mental impairment that limits one or more of a person's major life activities
- A record of having, or being perceived as having, a physical or mental impairment. It does not include current illegal use of, or addiction to, a controlled substance (as defined by Section 102 of the Federal Controlled Substance Act, 21 U.S.C. Sec. 802).

1. Does this resident have a disability as defined by the Fair Housing Act? Yes ____ No ____
2. If yes, does this resident, because of this disability, need an accommodation in any rules, policies, practices, or services to have an equal opportunity to use and enjoy his or her home? Yes ____ No ____
3. If yes, please make a selection below:

Companion/Service Animal- an animal that assists or benefits an individual with a disability, allowing such person to have equal opportunity to use and enjoy his or her dwelling. *Please indicate the type and number of animals requested below.*

Live-In Attendant- an individual that resides with an elderly, handicapped, or disabled individual, is determined to be essential to the care and well-being of the tenant, is not obligated for the support of the tenant, and would not be living in the unit except to provide the necessary supportive services.

Mobility Impaired Unit- a unit with special design features intended to enable a person with a mobility impairment to equal enjoyment of the premises. These units typically, but not always, have grab bars, wider doorways, lowered sinks and counters, etc.

Grab Bars- are safety devices that are mounted on walls and intended to enable a person to maintain balance. *Please indicate the room and placement of grab bars below.*

Other- If none of the above accommodations applies, please indicate the requested accommodation on the lines below. Attach additional sheets as necessary.
