Notice of Right to Request Reasonable Accommodation

You may use the attached form to request that the Housing Authority of the City of Austin provide a reasonable accommodation to you, or any member of your household who has a disability. Disability is defined as a physical or mental impairment that substantially limits one or more major life activities. If you, or someone in your household, have a disability and as a result of this disability you need:

- A change in the rules, policies, practices or services to give you an equal opportunity to take part in or use the facilities of the public housing program,
- A change in the way we communicate with you or give you information,
- A modification to your public housing unit, or
- A transfer to another public housing unit,

and if you can show that you (or your family member) have a disability, and the requested accommodation is related to your disability, and if your request is reasonable (does not pose “an undue financial or administrative burden”, or does not fundamentally alter our programs and services), we will try to grant your request.

We will give you an answer within 15 business days unless there is a problem getting the information we need to make a determination or unless you agree to a longer period of time. We will let you know if we need more information or verification from you or if we would like to talk to you about other ways to meet your needs. Please note the housing authority reserves the right to offer alternative accommodations that will effectively meet your disability-related needs.

If we deny your request, we will explain the reasons, and you can give us more information if you think that will help. If your request is denied, you may appeal the denial within 10 calendar days of receiving the denial letter. To appeal, please submit your written request for an informal hearing to your housing manager and keep a copy for your records. You will be notified in writing of your hearing date, time and location.

If you need help filling out a Request for a Reasonable Accommodation form or if you want to give us your request in some other way, please let your manager know.

NOTE: All information you provide will be kept confidential and will be used only to help you have an equal opportunity to participate in the public housing program.
Request for a Reasonable Accommodation

Name ___________________________  Phone __________________________

Address __________________________________________________________________

City ___________________________  Zip __________________________

Date of request___________________

The following member of my household has a disability:

________________________________________________________________________

Relationship to you_________________________________________________________

As a result of this disability,

1. I am requesting the following reasonable accommodation(s):

   - A change to my apartment or other part of the housing development (please specify):
     _______________________________________________________________________
     _______________________________________________________________________

   - A change, exception or adjustment in the following rule, policy, practice, service or procedure (please specify):
     _______________________________________________________________________
     _______________________________________________________________________

   - Other (please specify – for example, a change in the way the housing authority communicates with you):
     _______________________________________________________________________
     _______________________________________________________________________

2. The request for reasonable accommodation is related to my disability and is necessary so that I (or my family members) can:

________________________________________________________________________

________________________________________________________________________
Please note that it may be necessary to have a physician, licensed health care professional, professional representing a social service agency, disability agency or clinic provide the housing authority with verification of your disability.

CONSENT:

I authorize the Housing Authority of the City of Austin to verify that I (or my family member) have a disability and have the need for the specific accommodation I have requested. In order to verify this information, the housing authority may contact the following licensed professional (the resident may also bring this information in to the Mgmt office or attach it to this form; medical records are not required.):

Name of professional who can provide verification:
____________________________________________________________________

Title:
____________________________________________________________________

Agency, Facility, or Institution (if any)
____________________________________________________________________

Address:
____________________________________________________________________

Telephone:
____________________________________________________________________

Printed Name of Applicant/Resident Date of Birth
____________________________________________________________________  _________________

Address Phone Number
____________________________________________________________________  _________________

Signature of Applicant/ Resident Date
____________________________________________________________________  _________________

In the event that a transfer is approved in connection with your request for reasonable accommodation, the Housing Authority of the City of Austin cannot guarantee that you will remain in your current unit or on the property in which you currently reside. Transfers are completed in accordance with HACA Policy and HUD regulations.