

## ***REASONABLE ACCOMMODATION***

Sometimes people with disabilities may need a reasonable accommodation in order to take full advantage of the Conway Housing Authority housing programs and related services. When such accommodations are granted they do not confer special treatment or advantage for the person with a disability; rather, they make the program fully accessible to them in a way that would otherwise not be possible due to their disability. This policy clarifies how people can request accommodations and the guidelines the Conway Housing Authority will follow in determining whether it is reasonable to provide a requested accommodation. Because disabilities are not always apparent, the Conway Housing Authority will ensure that all applicants/participants are aware of the opportunity to request reasonable accommodations.

### ***QUESTIONS TO ASK IN GRANTING THE ACCOMMODATION***

Is the requestor a person with disabilities? For this purpose the definition of disabilities is different than the definition used for admission. The Fair Housing definition used for this purpose is a person with a physical or mental impairment that substantially limits one or more major life activities, has a record of such impairment, or is regarded as having such an impairment. (The disability may not be apparent to others, i.e., a heart condition).

If the disability is apparent or already documented, the answer to this question is yes. It is possible that the disability for which the accommodation is being requested is a disability other than the apparent disability. If the disability is not apparent or documented, the Conway Housing Authority will obtain verification that the person requesting the accommodation is a person with a disability.

Is the requested accommodation related to the disability? If it is apparent that the request is related to the apparent or documented disability, the answer to this question is yes. If it is not apparent, the Conway Housing Authority will obtain documentation that the requested accommodation is needed due to the disability. The Conway Housing Authority will not inquire as to the nature of the disability.

Is the requested accommodation reasonable? In order to be determined reasonable, the accommodation must meet two criteria: 1) would the accommodation constitute a fundamental alteration? The Conway Housing Authority's business is housing. If the request would alter the fundamental business that the Conway Housing Authority conducts, that would not be reasonable. For instance, the Conway Housing Authority would deny a request to have the Conway Housing Authority do grocery shopping for the person with disabilities, or 2) would the requested accommodation create an undue financial hardship or administrative burden? Frequently the requested accommodation costs little or nothing. If the cost would be an undue burden, the Conway Housing Authority may request a meeting with the individual to investigate and consider equally effective alternatives.

Generally the individual knows best what they need; however, the Conway Housing Authority retains the right to be shown how the requested accommodation enables the individual to access or use the Conway Housing Authority's programs or services.

If more than one accommodation is equally effective in providing access to the Conway Housing Authority's programs and services, the Conway Housing Authority retains the right to select the most efficient or economic choice.

If the participant requests, as a reasonable accommodation, that he or she be permitted to make physical modifications to their dwelling unit, at their own expense, the request should be made to the property owner/manager. The Housing Authority does not have responsibility for the owner's unit and does not have responsibility to make the unit accessible. The Housing Authority may, however, grant a higher payment standard for units where property owners make physical modifications for persons with disabilities so long as the payment standard does not exceed 110% of FMRs.

Any request for an accommodation that would enable a participant to materially violate family obligations will not be approved.

## REQUEST FOR REASONABLE ACCOMMODATION

**Note:** This form may be submitted to HAP at any time. If you need Assistance with this form or have any additional questions, please contact HAP at (503) \_\_\_\_\_. (*Site, Intake, or SC8 Program Staff*)

\_\_\_\_\_  
*Date of Request*

\_\_\_\_\_  
*Social Security #*

\_\_\_\_\_  
*Name of Applicant/Resident/Participant*

\_\_\_\_\_  
*Phone #*

\_\_\_\_\_  
*Address*

\_\_\_\_\_  
*City / State / Zip*

1. Reasonable accommodation requested: \_\_\_\_\_  
*What*

2. Reasonable accommodation requested for: \_\_\_\_\_  
*Household Member Name*

3. Reason for requesting this accommodation: \_\_\_\_\_  
*Why*

4. Provide independent verification from your doctor, licensed professional representing a rehabilitation center, disability agency, or clinic, or the supervisor of a case manager representing a disability agency, with verification of the existence of your disability. [See other side of this form]

5. Case manager's name is \_\_\_\_\_ @ \_\_\_\_\_  
Contact him/her regarding any concern re: this request. *Phone*

6. I certify that the information in this Request for Reasonable Accommodation is true and accurate. I give HAP permission to talk with my physician or licensed professional about my disability and reasonable accommodation request.

\_\_\_\_\_  
*Signature of Applicant/Resident/Participant*

Please return this form to:

Housing Authority of Portland  
\_\_\_\_\_

**Warning:** Section 1001 of Title 18 of the US Code makes it a criminal offense to make any willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction, punishable by fine not to exceed \$250,000 and/or imprisonment of not more than 5 years.

Important: This side of the form may only be completed by a Doctor or licensed professional.  
This side may not be completed by Applicant, Resident or Participant.

**REASONABLE ACCOMMODATION VERIFICATION**

Independent verification to be completed by a doctor, licensed professional representing a rehabilitation center, disability agency, or clinic, or the supervisor of a case manager representing a disability agency.

**Explanation:** HAP is required by law to provide reasonable accommodations to disabled applicants, residents, and participants that will facilitate their ability to function and provide equal opportunity to use and enjoy our housing programs. Applicable federal and state law defines "disability," with respect to the individual, as: (1) a physical or mental impairment which substantially limits one or more of such person's major life activities; (2) a record of having such an impairment; (3) being regarded as having such an impairment; but such term does not include current, illegal drug use or addiction to a controlled substance. Major life activities are defined as functions such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning and working.

\_\_\_\_\_ due to disability, has the following functional limitations:  
*Name*

and requests that HAP provide the following reasonable accommodations to give equal access to housing. An explanation of why each accommodation is needed is included: (Use additional sheet, if necessary)

**Accommodation**  
Specific Request

**Relationship – Why Accommodation is Necessary to Assure Equal Housing Access.** (This section must be completed. Use additional pages, if necessary.)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Printed Name*

\_\_\_\_\_  
*Phone #*

\_\_\_\_\_  
*Professional Title*

\_\_\_\_\_  
*Fax #*

\_\_\_\_\_  
*Address*

\_\_\_\_\_  
*City/State/Zip*

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