

HUNTINGTON *Housing Authority*

FORM TO REQUEST A REASONABLE ACCOMMODATION IF IT IS NOT READILY APPARENT OR OTHERWISE KNOWN THAT THE PERSON HAS A DISABILITY AND NEEDS A REASONABLE ACCOMMODATION

If you, a member of your household, or someone associated with you has a disability and feels that there is a need for a reasonable accommodation to have equal opportunity to use and enjoy a dwelling unit or the public or common use areas, please make a reasonable accommodation request to the Section 504/ADA Coordinator (504 Coordinator) by submitting a letter to the 504 Coordinator or returning the form below.

If you choose to complete this form, please check all items that apply and answer all questions. The 504 Coordinator will respond to this request in writing within 10 days (or sooner if the situation requires an immediate response). If you require assistance in completing this form, contact the 504 Coordinator for assistance or to make a verbal request for a reasonable accommodation.

Name _____

Today's Date _____

The person who has a disability requiring a reasonable accommodation is:

Me _____

A person associated or living with me _____

Name of person with disability _____

Phone # _____

Address _____

Email Address _____

I am requesting the following change to a rule, policy, practice, or service so that a person with a disability can have an equal opportunity to use and enjoy the premises:

This reasonable accommodation is needed because:

If the request is to keep an assistance animal:

(1) Designate the species, e.g., "dog," "cat," "bird" _____

(2) If the request is to keep an animal that performs tasks for an individual with a disability:

Is the animal required because of a disability? Yes ___ No ___

State at least one task that the animal performs.

-OR-

If the request is to keep an animal that does not perform tasks for an individual with a disability, provide information verifying that the individual has a disability and that the animal alleviates one or more symptoms or effects of the person's disability. Many times, information verifying a disability can be submitted by the individual himself or herself, such as a statement by the individual or proof that an individual under the age of 65 receives Supplemental Security Income or Social Security Disability Insurance benefits. A healthcare or social service provider or other individual with knowledge of the disability and the fact that the animal alleviates one or more symptoms or effects of the disability may also provide verifying information. Verifying information may be provided in a letter or other format. An optional form which you can provide to a healthcare or social service provider is available and will be provided to you upon request by the Reasonable Accommodation Coordinator.

Signature of Requester

Date

To be completed by Section 504/ADA Coordinator or designee:

Form accepted by _____

Date

Signature

**FORM TO BE COMPLETED BY SECTION 504/ADA COORDINATOR
UPON REQUEST RECEIPT**

On _____ [date], _____ [name] verbally requested the following reasonable accommodation:

I, Section 504/ADA Coordinator of [insert name of complex]:

____ Offered the requester the optional form and offered to assist in filling it out

____ Granted the request

____ Gave the requester a copy of this form and explained that we require the following additional information to respond to the request:

Section 504/ADA Coordinator

Date

Requester's Address _____

Requester's Telephone Number _____

Requester's Email Address _____

HUNTINGTON *Housing Authority*

FORM FOR ASSISTANCE ANIMAL REQUEST

On _____ [date], I, _____ [name of requestor], requested a reasonable accommodation to keep an assistance animal in my home. Please complete this form to provide additional information to the housing provider to assist it in determining whether to grant or deny the requested accommodation.

_____ has a disability¹: Yes ___ No ___

Does the animal provide some type of assistance to the individual, or does the presence of the animal alleviate one or more symptoms or effects of the person's disability?

Yes ___ No ___

Please specify how the animal assists the individual or alleviates symptoms of the disability.

Name

Date

Signature

Title

¹ For this purpose, a person with a disability is defined as a person with a physical or mental impairment that substantially limits one or more major life activities, a person who is regarded as having such an impairment, or a person with a record of such an impairment. Physical or mental impairments include, but are not limited to, such diseases and conditions as orthopedic, visual, speech and hearing impairments, cerebral palsy, autism, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, HIV, mental illness, emotional illness, drug addiction (other than addiction caused by current, illegal use of a controlled substance) and alcoholism. The term "substantially limits" suggests that the limitation is significant or to a large degree. The term "major life activity" means those activities that are of central importance to daily life, including but not limited to seeing, hearing, walking, breathing, performing manual tasks, caring for one's self, learning, and speaking.

APPROVAL OR DENIAL OF REASONABLE ACCOMMODATION REQUEST

Dear: _____:

Address: _____

Phone: _____

On _____ [date], you requested the following reasonable accommodation [describe request]:

We have (check all that apply):

Approved your request. The following reasonable accommodation will be permitted:

The change is effective immediately.

The reasonable accommodation is not effective immediately because [list reason(s) accommodation cannot be implemented immediately]

We anticipate that the change will be made by _____ [date], and we will notify you if we discover that there will be a delay.

Can neither approve nor deny your request without the following additional information:

Denied your request. We have denied your request because [You must check at least one]:

You have not provided verification of your disability as requested.

You have not provided verification that the requested accommodation is related to your disability.

Granting the request would impose an undue financial and administrative burden or would fundamentally alter the nature of our operations.

Granting the request would result in a direct threat to health or safety.

Below is an explanation of the reason(s) checked. We are also providing the facts we relied upon in denying your request:

If you disagree with this decision you may file a complaint with:

U.S. Department of Housing and Urban Development
Office of Fair Housing & Equal Opportunity
One Newark Center, 13th floor
Newark, New Jersey 07102
Telephone: 609-292-4605
TTY: 609-292-1785
Website: <http://hud.gov/complaints>

Sincerely,

Signature: _____ Date _____

Name: _____ Title: _____