

HOUSING AUTHORITY
APPLICANT'S REASONABLE ACCOMMODATION or
STRUCTURAL MODIFICATION DETERMINATION NOTICE

Date: _____

Applicant's Name: _____

Address: _____

Accommodation Requested: _____

A determination has been made that the PHA will will not be able to offer the accommodation/modification proposed above.

- The request was approved because your medical provider confirmed you meet the civil rights definition of disability and the change you requested is needed as a direct result of your disability.**
- The request was denied because:**
 - Your medical provider certified that your disability does not meet the civil rights definition of disability**
 - Your medical provider certified that you do not need the change requested as a direct result of your disability**
 - Your request would pose a fundamental alteration in the nature of the program.**
 - Your request would pose an undue financial and administrative burden to the Agency.**

PHA will contact you within 5 business days from the date of mailing this notice to arrange a meeting to discuss the determination. For approvals, staff will review how and when your request will be made. You will be asked to sign a Reasonable Accommodation Agreement at that time.

If you disagree with this determination, you must request a hearing within 30 days of this notice, either verbally or in writing with the occupancy. Refer to the PHA informal hearing procedure for more information. If you do not request a hearing within 30 days of receiving this notice, the case will be considered closed.

This form was completed by:

Name: _____ Signature: _____

Job Title: _____ Date: _____