

## **Notice to all Applicants**

### **Reasonable Accommodations for Applicants with Disabilities**

The Housing Authority is a public agency that provides low rent housing to eligible families, elderly families and single people. PHA is not permitted to discriminate against applicants on the basis of their race, religion, sex, color, national origin, age, disability or familial status. In addition, PHA has a legal obligation to provide "reasonable accommodations" to applicants if they or any family members have a disability. A reasonable accommodation is some modification or change PHA can make to its apartments or procedures that will assist an otherwise eligible applicant with a disability to take advantage of PHA's programs. Examples of reasonable accommodations would include:

- Making alterations to a PHA unit so it could be used by a family member with a wheelchair;
- Adding or altering unit features so they may be used by a family member with a disability.
- Installing strobe type flashing light smoke detectors in an apartment for a family with a hearing impaired member;
- Permitting a family to have a large dog to assist a family member with a disability in a PHA family development where the size of dogs is usually limited;
- Making large type documents, Braille documents, cassettes or a reader available to an applicant with a vision impairment during the application process;
- Making a sign language interpreter available to an applicant with a hearing impairment during the interview or meetings with PHA staff;
- Permitting an outside agency or individual to assist an applicant with a disability to meet the PHA's applicant screening criteria.

An applicant family that has a member with a disability must still be able to meet essential obligations of tenancy. They must be able to pay rent, to care for their apartment, to report required information to the Housing Authority, to avoid disturbing their neighbors, etc, but there is no requirement that they be able to do these things without assistance.

If you or a member of your family have a disability and think you might need or want a reasonable accommodation, you may request it at any time in the application process or at any time you need an accommodation. This is up to you. If you would prefer not to discuss your situation with the housing authority, that is your right.

## SPECIAL UNIT REQUIREMENT(S) QUESTIONNAIRE

This questionnaire is to be administered to every applicant for public housing at the \_\_\_\_\_ Housing Authority. It is used to determine whether an applicant family needs special features in their housing unit. The need for special adaptations must be verified in order to assure that the limited number of units with special features go to families that actually need the features.

Name \_\_\_\_\_

Interview Conducted By \_\_\_\_\_ Date \_\_\_\_\_

1. Will you, or any member of your family require any of the following:

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> A separate bedroom          | <input type="checkbox"/> Unit for Vision-Impaired  | <input type="checkbox"/> A barrier-free apartment |
| <input type="checkbox"/> Unit for Hearing-Impaired   | <input type="checkbox"/> Extra Bedroom             | <input type="checkbox"/> One-level unit           |
| <input type="checkbox"/> Other modifications to unit | <input type="checkbox"/> Bedroom & Bath, 1st floor | <input type="checkbox"/> <b>Live In Attendant</b> |

2. Can you and all family members use the stairs unassisted? Yes  No

If No, please indicate how the PHA should accommodate your family: \_\_\_\_\_  
\_\_\_\_\_

3. Will you or any of your family members need a live-in aide to assist you? Yes  No

If Yes, please explain \_\_\_\_\_  
\_\_\_\_\_

4. If you checked any of the above listed categories of units, please explain exactly what you need to accommodate your situation. Attach additional sheets if needed

\_\_\_\_\_  
\_\_\_\_\_

5. What is the name of the family member needing the features identified above?

\_\_\_\_\_

Whom should we contact to verify your need for a special apartment?

Name \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_

Applicant Signature

Date