



Berkeley Housing Authority

NOTICE OF RIGHT TO REASONABLE ACCOMMODATION

Fill out this form to request a reasonable accommodation or to renew an existing one if verification timeframe has expired.

If you or a family member has a disability and as a result of the disability you need:

- A modification to our rules or policies such as permission for a live in aid, additional time to search for housing, or other changes to our rules; or
- A change in the way we communicate with you or give you information, you may ask for this kind of rule or policy change by requesting a reasonable accommodation.
- A structural modification to your unit, or a move to a different unit (Low Income Public Housing Units only)
- Accommodation of a service or companion animal

I would like to request a reasonable accommodation (Fill out back of this form and sign below).

I already am receiving a reasonable accommodation and would like to continue receiving it.
The accommodation is _____.

I do not request a reasonable accommodation (sign below).

If you have a disability as verified by a medical professional, and if your request for an accommodation is directly related to your disability, reasonable (it does not pose an “undue financial or administrative burden”), and does not violate or conflict with a basic program element (payment of rent, inspections, and responsibility to be a good neighbor) or result in an undue financial or administrative burden to the BHA, we will grant the change you request.

How to Request a Reasonable Accommodation

Step 1: Complete the back of this document. You may complete the form or you may have the help of a family member or other person you designate. If you require further assistance please contact your Housing Authority representative.

Step 2: We will need verification that you have a disability from a healthcare provider that you identify on the back of this form. Once we receive verification from your healthcare provider, we will respond to you in writing within five to ten business days of receiving the information we need.

Response: Your request will either be approved, denied or reviewed with an alternative suggestion. If your request is denied we will give you an opportunity to appeal and provide us with additional information. If you have any questions on this process, please call the Reasonable Accommodations Coordinator at 510-981-5485.

Please sign to acknowledge receipt of a copy of this notice.

Print Name

Phone

Signature

Date

BHA Use Only. Confirm whether Verification Form is Necessary.

Yes, accommodation verification expired on _____ No, accommodation is verified through _____



Berkeley Housing Authority

REQUEST FOR A REASONABLE ACCOMMODATION

Head of Household Name: _____ Phone _____

Email _____

Address _____

Reasonable accommodations allow everyone, regardless of ability, to have an equal opportunity to use and enjoy participation in rental assistance programs managed by the Berkeley Housing Authority (BHA). Complete this form and return it to your Housing Specialist. If you need assistance completing this form, please contact your Housing Specialist.

1. The following household member _____ has a disability.
2. Describe the accommodation your are requesting:
 - Permission for an aide to live with me to provide assistance with daily living activities
 - Additional time to search for suitable housing
 - Exception utility allowance to cover increased costs of electricity and/or gas for equipment and/or heating [Note: you will need to apply for Medical Baseline Rate through PG&E]
 - Translation of documents into Braille, large print or audio tape
 - Home visit by Housing Authority representative to conduct re-certifications
 - Service or assistance animal [Note: you will need a letter from your care provider to provide to your landlord or prospective landlord]
 - Other: _____
3. Describe why this accommodation is needed and how it relates to a disability:

4. List the name and contact information of the individual who can verify the disability and the need for the accommodation requested. This should be an individual providing professional services that relate to the disability.

Name _____	Position _____
Address _____	Fax Number _____
Phone Number _____	Email: _____

Authorization to Release information: I authorize the care provider listed above to disclose relevant information to the Berkeley Housing Authority regarding the need for a reasonable accommodation. I understand the information BHA obtains will be kept confidential and used solely to determine if an accommodation should be provided. I hereby authorize my healthcare provider (named above) to release the requested information on the “Verification of Need for Reasonable Accommodation” form to the Housing Authority.

Print Name

Phone

Signature

Date