



# Housing Authority of the City of Leeds

1630 Moores Street, Leeds, AL 35094  
(205) 699-6223 Fax: (205) 699-2208

## HOUSING CHOICE VOUCHER PROGRAM

### NOTICE OF RIGHT TO REASONABLE ACCOMMODATION

Any family that includes a person with a disability assisted under the Housing Choice Voucher program or other federally assisted housing program may request a reasonable accommodation in rules, policies, practices, or services when such accommodation may be necessary to afford a person with a disability the equal opportunity to use and enjoy a program or dwelling under the program. Federal regulations stipulate that requests for accommodations will be considered reasonable if they do not create an “undue financial and administrative burden” for the PHA, or result in a “fundamental alteration” in the nature of the program or service offered.

Such request for reasonable accommodations may include but are not limited to the following:

- Permitting applications and re-examinations to be completed by mail
- Conducting home visits
- Using higher payment standards if the PHA determines this is necessary to enable a person with disabilities to obtain a suitable housing unit
- Providing time extensions for locating a unit when necessary because of lack of availability of accessible units or special challenges of the family in seeking a unit
- Permitting an authorized designee or advocate to participate in the application or certification process and any other meetings with LHA staff
- Assistance in locating satisfactory housing or an accessible unit
- A change in the way LHA communicates or provides information
- A change in the rules or policies to give you an equal opportunity to use the facilities or take part in the Housing Choice Voucher program or other federal assisted housing programs
- For persons with vision impairments, large print or audio versions of key program documents
- For public meetings or presentations, request for one-on-one assistance
- Request for a sign language interpretation
- Request to property owner to modify the unit to make it accessible. (Please note that the federal regulation regarding making modifications to a unit states that owners must permit a person with a disability to make reasonable modifications to the unit. However, the owner is not required to pay for the modification and may require that the unit be restored to its original state at the family’s expense when the family moves.)

#### **How to Request a Reasonable Accommodation?**

**To request a reasonable accommodation, please inform your housing eligibility specialist or complete the Request for Reasonable Accommodation form.** The Housing Authority encourages the family to make its request in writing using a reasonable accommodation request form. However, LHA will consider the accommodation any time the family indicates that an accommodation is needed whether or not a formal written request is submitted. The family must explain the relationship between the requested accommodation and the disability. There must be an identifiable relationship, or nexus, between the requested accommodation and the individual’s disability.

#### **Verification of Disability**

Disability status will need to be verified by a licensed physician or health care provider or professional representing a social service agency, disability agency or clinic.

**A response to grant or deny the request for a reasonable accommodation will be made in writing within 15 days of the request.**



# LEEDS HOUSING CHOICE VOUCHER PROGRAM

1630 Moores Street, Leeds, AL 35094

(205) 699-6223 Fax: (205) 699-2208 or

Email: leedsha@gmail.com

## *Request for a Reasonable Accommodation Form*

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of request \_\_\_\_\_

The following member of my household has a disability:

\_\_\_\_\_

Relationship to you \_\_\_\_\_

As a result of this disability,

1. I am requesting the following reasonable accommodation(s):

- Re-examinations to be completed by mail
- Re-examinations to be completed by home visits
- A change in the following rule, policy or procedure (please specify): \_\_\_\_\_
- \_\_\_\_\_
- Time extensions on my voucher for locating a unit
- Permitting an authorized designee or advocate to participate in the application or certification process and any other meetings with LHA staff. Name of designee or advocate: \_\_\_\_\_
- Assistance in locating satisfactory housing or an accessible unit
- A change in the way LHA communicates or provides information by doing the following: \_\_\_\_\_
- \_\_\_\_\_
- For persons with vision impairments, large print or audio versions of key program documents
- For public meetings or presentations, request for one-on-one assistance
- Request for a sign language interpretation
- Higher payment standard to enable a person with disabilities to obtain a suitable housing unit

2. Other (please specify):

\_\_\_\_\_

3. The request for reasonable accommodation is necessary so that I (or my family member) can:

\_\_\_\_\_

\_\_\_\_\_

**3. Verification of Disability**

Disability status will need to be verified by a licensed physician or health care provider or professional representing a social service agency, disability agency or clinic.

**A response to grant or deny the request for a reasonable accommodation will be made in writing within 15 days of the request.**

CONSENT:

I authorize the Housing Authority of the City of Leeds to verify that I (or my family member) have a disability and have the need for the specific accommodation I have requested. In order to verify this information, the housing authority may contact the following licensed professional.

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Agency, Facility, or Institution (if any) \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

\_\_\_\_\_  
Printed Name of Applicant/Resident

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date