



Request for Reasonable Accommodation

Before providing an accommodation, Housing Works must determine that the person meets the definition of a person with a disability, and that the accommodation will enhance the family's access to Housing Works programs and services.

Housing Works must approve a request for an accommodation if the following three conditions are met:

- The request was made by or on behalf of a person with disability
- There is a disability - related need for the accommodation.
- The requested accommodation is reasonable, meaning it would not impose an undue financial and administrative burden on Housing Works or fundamentally alter the nature of Housing Works HCV operations (including the obligation to comply with HUD requirements and regulations).

Request for accommodations must be assessed on a case by case basis, taking into account factors such as the cost of the requested accommodation, the financial resources of Housing Works at the time of the request, the benefits that the accommodation would provide to the family, and the availability of alternative accommodations that would effectively meet the family's disability - related needs.

Before making a determination whether to approve the request, Housing Works may enter into discussion and negotiation with the family, request more information from the family, or may require the family to sign a consent form so that Housing Works may verify the need for the requested accommodation.

Housing Works Policy

After a request for an accommodation is presented, Housing Works will respond, in writing, within 10 business days. (For further information regarding reasonable accommodation see Chapter 2 of the administrative plan which may be provided by your Housing Specialist at your request).

The following member of my household has a disability:

What accommodation is requested?

I need this reasonable accommodation because (Explain here how requested accommodation will help you):

(Please note: In answer to the question above please tell us how the accommodation will help you live in the housing or take part in our program; meet the lease requirements of our program; meet other requirements of our program. Do not tell us the name the nature or extent of your disability.)

Name: _____

Phone Number: _____ Date: _____

Address: _____
