

Hillsdale Housing Commission
45 N. West Street Hillsdale, MI 49242
Phone: (517) 439-1210 Fax: (517) 439 -9577 E -mail: hhc@dmci.net

Request for a Reasonable Accommodation

Head of Household: _____

Address: _____

Day Phone: _____ Home Phone: _____

1. The following member of my household has a disability

Name: _____ Relationship: _____

2. Please provide the following accommodation(s) so that the person listed above can comply with the requirements of the program and have an equal opportunity within the program to use and enjoy his/her unit and its associated premises.

Check the applicable request:

An accommodation or adjustment in the following program, rule, policy, practice or service that I currently must follow to meet the terms of the program. I understand that I may ask for change in how I meet the terms of the program's rules and regulations. (Please be specific and explain what is needed. Attach a separate sheet if necessary for additional information.)

A modification in my unit or to another part of the associated housing complex. (Please specifically describe what is needed. Attach a separate sheet if necessary for additional information.) (NOTE: Applicable only to programs where the Hillsdale Housing Commission owns the property.)

3. I need this reasonable accommodation because:

4. My request can be verified by:

Physician/Diagnostician

Name: _____

Title: _____

Organization: _____

Address:

Phone: () _____

If there are other persons who can also verify your request, please fully identify them on a separate sheet and attach.

I, _____ give the Hillsdale Housing Commission permission to contact the individual(s) identified in No. 4 of this form for purposes of verifying that I or a family member needs the reasonable accommodation requested above. (NOTE: This must be signed by the person designated in No. 1 of this form or by an individual with authority to sign on that person's behalf).

Signed (Head of Household)

(Date)

Hillsdale Housing Commission

45 N. West Street Hillsdale, MI 49242

Phone: (517) 439-1210 Fax: (517) 439 -9577 E -mail: hhc@dmci.net

Date: _____

Dear Sir or Madam:

Enclosed is a "Request for Reasonable Accommodations" form signed by asking you to verify his or her, or his or her household member's need for a reasonable accommodation or modification in his or her housing.

In accordance with laws concerning persons with disabilities, a housing provider, upon request, may have to make reasonable accommodations to its program's rules, policies, practices or services or reasonable modifications to a housing unit or its associated premises. These reasonable accommodations or modifications may be required if they are necessary to enable a person with a disability to comply with the program's requirements and have an equal opportunity within the program to use and enjoy the unit and its associated premises. Please note that such accommodations *must be necessary*, not just desirable.

_____ has requested the accommodation described on the enclosed "Request for a Reasonable Accommodation" form. Please indicate by completing the verification portion of this form whether you believe the requested accommodation is necessary and will achieve its stated purpose. You may also add any other information that would be helpful in making the right accommodation for this person.

This form should not be used to discuss the person's diagnosis or any other information that is not directly relevant to the request for an accommodation.

Please return the form within ten calendar days of its receipt in the enclosed self-addressed, stamped envelope. If you have any questions, or cannot complete the form within ten days, please call the Hillsdale Housing Commission at 439-1210.

Thank you for your cooperation.

Very truly yours,

Alton D. Cousino III, PHM, Executive Director
Hillsdale Housing Commission

Enclosure: Request for a Reasonable Accommodation Verification Form

Hillsdale Housing Commission

45 N. West Street Hillsdale, MI 49242

Phone: (517) 439-1210 Fax: (517) 439 -9577 E -mail: hhc@dmci.net

Request for a Reasonable Accommodation Verification Form

In accordance with the signed consent provided on the attached form, please verify the information concerning a request for a reasonable accommodation for _____ by completing the following:

(Check all applicable boxes)

- A. The subject individual has a disability or handicap (The U.S. Department of Housing and Urban Development's definition of handicap requires that the individual has an impairment that is expected to be of long-continued and indefinite duration, is a substantial impediment to his or her ability to live independently and is of a nature that the ability to live independently could be improved by a stable residential situation. This term includes: developmentally disabled persons as defined in Section 102 of the Department Disabilities Services and Facilities Construction Amendment of 1970 (42) USC 269, [1])

An individual who is developmentally disabled, i.e., an individual who has a severe chronic disability, is one for whom all of the below apply:

1. Is attributable to a mental and/or physical impairment;
2. Was manifested before the age of 22;
3. Is likely to continue indefinitely;
4. Results in substantial functional limitations in three or more of the following areas: capacity for independent living, self care, receptive and expressive language, learning, mobility, self direction, and economic self-sufficiency, AND
5. Requires special, interdisciplinary or generic care, treatment, or other services, which are of lifelong or extended duration and are individually planned and coordinated.

- The subject individual does NOT have a disability or handicap.
- B. The disability or handicap necessitates the requested accommodation or modification identified on the enclosed Reasonable Accommodation Request Form in order for the subject individual to comply with the requirements of the program and have equal access to and enjoyment of his/her unit and its associated premises.
- C. Do you believe the requested accommodation will achieve its stated purpose?
 Yes No (If "No" please briefly explain) _____
-

D. Please indicate the critical time frame required to complete the requested accommodation so that the subject can have an equal opportunity to use and enjoy his/her unit and its associated premises and honor the terms of his/her lease.

- Immediate
- Within 5 months
- From 6 months to 1 year

E. How long have you been familiar with the subject individual's disability?

F. Date of last contact with the subject individual concerning his/her disability:

G. Please provide any comments to assist in the evaluation of the requested reasonable accommodation:

I certify that the above information is true and complete.

_____ Physician/diagnostician name/title	_____ License #
_____ Signature	_____ Date
_____ Name of Organization	_____ Street address
_____ City, State, Zip	_____ Phone

Warning: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make false statements or misrepresentations to any department or agency of the United States as to any matter within its jurisdiction.

Hillsdale Housing Commission

45 N. West Street Hillsdale, MI 49242

Phone: (517) 439-1210 Fax: (517) 439 -9577 E -mail: hhc@dmc.net

Your Right to Request a Reasonable Accommodation

Do I have the right to request a reasonable accommodation or modification of my unit while in public or assisted housing?

If you have a disability that requires you to need...

An accommodation or adjustment in the program's rules, policies, practices or services, or

A modification of your Public Housing unit or its associated premises, then...

You have the right to request a reasonable accommodation or modification.

Will my request automatically be approved?

We will try to approve your request if you can show that...

You have a disability that requires a reasonable accommodation or modification, and your request is reasonable.

How do I file a request?

You can request a reasonable accommodation by filling out a Reasonable Accommodation Request Form available at the management offices of the Hillsdale Housing Commission or by calling 439-1210 during regular business hours. The TTY number for hearing impaired persons is 517-439-9577. If you need help filing out this form, or if you want to give us your request in some other way, we will help you.

What happens after I file the request?

Your request will be reviewed and you will receive a response within 30 calendar days after we have received your request. If we turn down your request, we will explain the reasons. You will have a right to a hearing if your request is denied.

My signature confirms that I have read and understand my rights as indicated above.

Signature (Head of Household)

Date

The Hillsdale Housing Commission will make every effort to makes this information available to persons with disabilities in alternative formats upon request. Please allow a minimum of seven days for preparation of the material.