

REQUEST FOR REASONABLE ACCOMMODATION

If you need this document in a different language or LARGER FONT or if you need a reasonable accommodation (persons with disabilities), please call 541-923-1018. Advance notice of seven days is required in order to arrange for interpreter services.

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).



We know the way home.

Main Office:

405 SW 6th Street
Redmond, OR 97756
P) 541-923-1018
F) 541-923-6441

Text) 541-286-5562

Hours: Mon to Thurs 8am to 5pm

Closed Friday

www.housing-works.org

Bend Satellite Office:

2017 NE Full Moon Dr., Suite 100
Bend, OR 97701
P) 458-281-0813
F) 458-281-0815

Text) 541-286-5562

Hours: Tue, Wed, Thurs 9am to 4pm

Closed Monday & Friday



REQUEST FOR REASONABLE ACCOMMODATION FORM

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Date of Request: _____

Name (Head of Household): _____

Address: _____ City, State, ZIP Code: _____

Who is requesting the accommodation? Head of Household

Household Member: _____
(Name)

Please Note: The household member requesting the accommodation(s) must meet HUD's definition of disabled.

1. What accommodation(s) are being requested? (Please be specific)

- Extra time to locate to a unit due to disability related reasons. Please explain the hardship you have faced due to your disability in finding a unit in the past and demonstrate the connection between your disability and the need for the extension.

- Lease a unit owned by a relative. Please describe why renting from a relative will assist you. Note: This same relative MAY NOT actually live in the unit with the participant requesting the accommodation (Shared Housing Exceptions may apply).

- Change in the Payment Standard. Please describe the special features or location of the specific unit below. Note: Only request this accommodation AFTER a specific unit is found that meets the disability- related needs.

- Is higher payment standard needed in order to access decent, safe and affordable housing?
 Yes No
- Is this needed because of accessibility features in the building/unit?
 Yes No

If yes, please provide a list of the accessibility features below:



- Additional Utility Allowance or Minimum Rent Hardship Exception. (Please describe below.)

- Exception to Subsidy Standard. Please explain how an exception to Housing Works' established subsidy standard justified by the age, sex, health, handicap, or relationship of family members or other personal circumstances are needed.

- Extra bedroom for a person with a disability. Please explain why you need an extra bedroom and submit additional documentation to sufficiently justify the request.

- Extra bedroom for equipment. Please specify, in detail, the type and size of the equipment.

- Adding one of the following household members. (Please see table below that highlights the differences between a Live-In Aide and an additional household member.)

- Live-In Aide. I require a person to live in the unit with me to administer care. This person is not just visiting help and does not come and go in specific shifts.

- Additional family member. This person is different than a Live-In Aide as they are not essential to the care and well-being of the person and not obligated for the support of the person.

	Live-In Aide	Family Member
Essential to the well-being and care of the head of household?	Yes	No
Income counted toward household rent calculation?	No	Yes
Would be able to become the head of household if the current head of household relinquishes the voucher?	No	Yes



- Special communication. For either a person with visual impairments (written material in alternate formats, such as large print) or hearing impairments (sign language interpretation services at meetings with Housing Works).

- Other policy or rule change needed. Please explain below.

Note: If necessary, HCV Program staff may fill in the name, voucher number and requested accommodation on behalf of the participant.

Signature of HCV Program staff, if applicable: X _____

2. Please list the contact information of the knowledgeable professional who can verify that you have a disability warranting the accommodation(s). Please submit a letter from a knowledgeable professional confirming the need for an accommodation.

Name: _____ Title: _____

Address: _____

Telephone Number: _____ Fax Number: _____

3. Release of Information:

I certify that the information provided on this form is true and accurate. I give Housing Works' permission to discuss the requested accommodation with my knowledgeable professional.

Note: The knowledgeable professional listed may receive a copy of this form.

Signature of Participant

Date

Fraud and False Statements: Title 18, Section 1001 of the U.S. Code states that a person who knowingly and willingly makes false and fraudulent statements to any department or employee of the United States Government, HUD, a Public Housing Authority or a property owner may be subject to penalties that include fines and/or imprisonment.

If you have any questions, please call the Housing Works at 541-923-1018 or the Fair Housing Council of Oregon at 503-223-8197. Para español, llámé al 541-923-1018 ext. 109.