

## **Imperial Valley Housing Authority Request for Reasonable Accommodation/Modification**

### **Introduction**

It is the policy of the Imperial Valley Housing Authority (IVHA) to provide reasonable accommodations and to permit tenants with disabilities to make reasonable modifications (modifications apply only to families living in public housing) upon request, with provision of appropriate documentation of the need for the accommodation and/or modification to provide an equal opportunity to use and enjoy IVHA's housing programs. IVHA's goal is to provide clean, safe and affordable housing to low and moderate income persons regardless of disability.

### **Who is a Person with a Disability?**

A person with a disability is an individual with a physical or mental impairment that substantially limits one or more major life functions. You can also be considered disabled if you have a record of a physical or mental impairment or people regard you as having such an impairment.

A physical impairment is a disorder or condition that affects one or more body systems. A physical impairment can be caused by illness, disease, a birth defect, injury, age or anything else that disrupts a person's physical ability to function. Some examples of physical disabilities are blindness, hearing loss, or inability to walk.

A mental impairment is a mental, psychiatric or psychological disorder. Some examples are mental illness, developmental disability or specific learning disabilities.

Under IVHA policy, you may be considered a person with a disability if you're physical or mental condition causes substantial difficulty in performing a major life function. Major life functions include the ability to walk, see, hear, breathe, think, read or care for yourself.

Under some circumstances, alcoholism or a history of drug use may be considered a disability. Current users of illegal drugs are not disabled.

### **What is a "reasonable accommodation?"**

A "reasonable accommodation" is a change, adaptation or modification to a policy, program or service, which will allow a person with a disability to have an equal opportunity to participate in IVHA housing programs. Any accommodation considered by IVHA cannot result in an undue financial or administrative burden or create a fundamental change in a program. For example, a reasonable accommodation includes providing documents in alternate formats such as large print, providing a reserved accessible parking space near a tenant's apartment, providing a downstairs apartment vs. an upstairs due to a physical impairment.

Other examples of accommodation include a sign language interpreter, reader or having the application materials sent to you via U.S. mail. You do not need a request form to obtain this assistance. A verbal request for reasonable accommodation for these services is sufficient.

It would not be reasonable to prevent children from using the playground because the noise bothers someone or to provide a paraplegic resident/participant with a housekeeper at IVHA expense.

### **What is a “reasonable modification?”**

(For Residents in IVHA’s Public Housing Programs)

A “reasonable modification” is a physical change made to a tenant’s living space which is necessary to afford the disabled tenant fully enjoyment of their dwelling. Reasonable modification examples would be to lower the cabinets for someone in a wheelchair, install bathroom grab bars with proper wall reinforcement for someone with a mobility impairment, or put in a fire alarm that flashes for someone who has a hearing impairment.

### **How do I apply for a “reasonable accommodation” and/or a “reasonable modification”?**

If you need an accommodation and/or modification in order to apply for or participate in IVHA’s housing programs, the request can be made at any of the two IVHA’s offices located at 1401 D Street, Brawley, California 92227 or at 1690 West Adams Avenue, El Centro, California 92243.

For any accommodation other than assistance completing an application, a Request for Reasonable Accommodations form must be submitted. If you need assistance completing this form, ask an IVHA staff member to help you. You will be asked which family member has a disability and what accommodation is requested. You will also be asked to provide confirmation about the disability from a medical professional or qualified service provider. The medical professional or qualified medical provider will be asked to certify and explain how the requested accommodation is related to the disability and will be effective in accommodating the disability. It is important that you meet any deadlines for requests for information. Failure to respond in a timely manner may result in your request being delayed or denied. Should you need more time to respond, let the IVHA staff know and request an extension.

During the process of evaluating your request, yourself or an IVHA staff member may request a meeting to discuss the requested accommodation. You may have a friend or advocate with you at that meeting. If you are unable to come to the IVHA office, the meeting may be held by telephone or, if you are a resident, in your unit.

### **How is my request processed?**

For Residents in IVHA’s Housing Program(s):

Reasonable Accommodations/Modifications will be considered for an individual with a verified disability who currently resides in an IVHA housing complex.

1. Resident(s) may obtain a request form from any IVHA office. Resident(s) may submit a request for reasonable accommodation at any time.
2. After the request is submitted along with the certification form, the Housing Manager will review the request. If a determination is made that additional information is needed, your Occupancy Specialist will notify you in writing. You will have up to 10 working days to respond.

3. The Housing Manager will forward your request, and a recommendation on action, to ADA/504 Coordinator. The ADA/504 Coordinator will review the request, and may request additional information or may request an informal meeting if any issues are unresolved. If the ADA/504 Coordinator supports the Housing Manager's recommendation for action, your Occupancy Specialist will be authorized to notify you, in writing, within 30 days of the decision made, regarding your request.
4. If the ADA Coordinator denies your request, you have the right to appeal through the appropriate grievance process.

For Participants in the Section 8 Housing Program(s)

Reasonable Accommodations will be considered for an individual with a verified disability who is currently participating in IVHA's Section 8 Housing Choice Voucher Program(s).

1. A participant may obtain a request form from any IVHA office. A participant may submit a request for reasonable accommodation at any time.
2. After you submit your request, the Housing Manager will review the request. If a determination is made that additional information is needed, your Occupancy Specialist will notify you in writing. You will have up to 10 working days to respond.
3. The Housing Manager will forward your request, and a recommendation on action, to ADA/504 Coordinator. The ADA/504 Coordinator will review the request and may request additional information or may request an informal meeting if any issues are unresolved. If the ADA/504 Coordinator supports the Housing Manager's recommendation for action, your Occupancy Specialist will be authorized to notify you, in writing, within 30 days of the decision made, regarding your request.
4. If the ADA Coordinator denies your request, you have the right to appeal through the appropriate hearing process.

For Applicants to IVHA's Housing Program(s):

Reasonable Accommodations will be considered for an applicant with a verified disability who meets basic qualifications for IVHA housing programs. An applicant must meet income guidelines, pass screening criteria for the respective housing program, and be able to meet and agree to abide by provisions of his/her respective lease or contract for assistance.

1. Applicant(s) may obtain a request form from any IVHA office. Applicant(s) may submit a request for reasonable accommodation at any time.
2. After you submit your request, the Housing Manager will review the request. If a determination is made that additional information is needed, the Intake Specialist will notify you in writing. You will have up to 10 working days to respond.
3. The Housing Manager will forward your request, and a recommendation on action, to ADA/504 Coordinator. The ADA/504 Coordinator will review the request, and may request additional information or may request an informal meeting if any issues are unresolved. If the ADA/504 Coordinator supports the Housing Manager's recommendation for action, the Intake Specialist will be authorized to notify you, in

writing, within 30 days of the decision made, regarding your request.

4. If the ADA/504 Coordinator denies your request, you have the right to meet and discuss the denial.

**Reasonable Accommodation Transfer:** The review request process includes all reasonable options, including Reasonable Accommodations transfers. The ADA/504 Coordinator and the respective Housing Manager will consider this and other options when recommending the alternative that seems to best serve the needs of the individual and the IVHA.

### **Some things to keep in mind:**

- IVHA considers each request for reasonable accommodations/modification as a separate request. Just because one person has a request approved does not mean that all requests of that type will be approved. The decision will be made on a case-by-case basis with the understanding that each person's needs and circumstances are unique. The requested accommodation and/or modification must be for a person who has a disability.
- Whether your request for reasonable accommodation is approved or not, you must follow the provisions of your lease/voucher. You must pay your rent on time, not disturb your neighbors, and not engage in criminal activity.
- IVHA may suggest an alternate accommodation from the one you requested. The decision on whether an accommodation is approved will be based on its effectiveness in reducing the barriers to equal opportunity and on whether or not it involves a fundamental change to IVHA's housing program or creates an undue financial or administrative burden.
- The requested accommodation and/or modification must be necessary. There must be an identifiable relationship between the individual's disability and the requested accommodation or modification.

### **Other Remedies**

If at any time you feel your request is not being processed appropriately, you have the right to file a complaint with IVHA's ADA/504 Coordinator, Andrea D. Roark by contacting one of the numbers shown below. In addition, you have a right to seek assistance from:

Fair Housing & Equal Opportunity	1-800-877-0246
California Rural Legal Assistance Services	(760) 353-0220
HUD Office of Fair Housing & Equal Opportunity	1-800-877-0246
IVHA's ADA/504 Coordinator	(760) 351-7000 extension 115

### **Glossary:**

**ADA:** Americans with Disabilities Act  
**IVHA:** Imperial Valley Housing Authority

**504:** Section 504 of the Rehabilitation Act  
**HUD:** U.S. Department of Housing & Urban Development

**REQUEST FOR REASONABLE ACCOMMODATION/MODIFICATION  
IMPERIAL VALLEY HOUSING AUTHORITY  
PUBLIC HOUSING PROGRAM**

(Page 1 & 2 to be completed by applicant/resident )

\_\_\_\_\_   
Date of Request

\_\_\_\_\_   
Social Security Number

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

\_\_\_\_\_   
Telephone Number

\_\_\_\_\_   
Street/Mailing Address

\_\_\_\_\_   
City/State/Zip Code

The following member of my household has a disability as defined below:  
A physical or mental impairment that substantially limits one or more life functions; or a record of having such impairment; or regarded as having such impairment. Major life functions include the ability to walk, see, hear, breathe, think, read or care for yourself.

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

Relationship or association with applicant/resident \_\_\_\_\_

1. As a result of this disability, I am requesting the following reasonable accommodation and/or reasonable modification: (Please specify)\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. This request for reasonable accommodation/modification is necessary so that I can: (Please specify)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. I authorize Imperial Valley Housing Authority (IVHA) to verify the need for the reasonable accommodation/accommodation I have requested for the person with the disability. In order to verify this information, please list the name of physician, psychiatrist, licensed psychologist, licensed nurse practitioner, and licensed social worker, rehabilitation professional, non-medical service agency who will certify the need for the reasonable accommodation.

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

Title of professional or expert: \_\_\_\_\_

Agency, Facility or Institution: \_\_\_\_\_

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

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

Provide independent verification from your doctor, licensed professional representing a rehabilitation center, disability agency, or clinic, or the supervisor of a case manager representing a disability agency, with verification of the existence of your disability (see pages 3 & 4).

*I understand that the information obtained by IVHA will be kept confidential and used solely to make a determination on my reasonable accommodation request. I certify the information contained in this Request for Reasonable Accommodation is true and accurate.*

\_\_\_\_\_  
Signature of Applicant/Resident

\_\_\_\_\_  
Date

If you need assistance with this form or have additional questions, please contact the Imperial Valley Housing Authority, (760) 351-7000 extension 115. Please return this form to either 1402 D Street, Brawley, California 92227 or 1690 West Adams Avenue, El Centro, California 92243

**WARNING: Section 1001 of Title 18 of the US Code makes it a criminal offense to make any willful false statement or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction, punishable by fine not to exceed \$250,000 and/or imprisonment of not more than five years.**

**CERTIFICATION OF REASONABLE  
ACCOMMODATION/MODIFICATION  
IMPERIAL VALLEY HOUSING AUTHORITY  
PUBLIC HOUSING PROGRAMS**

**Independent verification to be completed by a doctor, licensed professional representing a rehabilitation center, disability agency, or clinic, or the supervisor of a case manager representing a disability agency, with verification of the existence of the disability.**

IVHA is required by law to provide reasonable accommodations and/or reasonable modifications to disabled residents that will facilitate their ability to function and provide them equal opportunity to use and enjoy our housing programs.

A request for a reasonable accommodation or reasonable modification has been requested for the following person: \_\_\_\_\_ and request that you complete the following certification. Enclosed is a copy of my Request for Reasonable Accommodation/Modification.

1. In my professional opinion, the person named above has a disability defined below.

yes       no

Applicable federal and state law defines “disability” with respect to the individual, as:

- (1) a physical or mental impairment which substantially limits one or more of such person’s major life activities
- (2) a record of having such impairment;
- (3) being regarded as having such impairment, but such term does not include current, illegal drug use or addiction to a controlled substance.

Major life activities are defined as functions such are caring for one’s self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning and working.

2. Describe how the requested reasonable accommodation/modification is **necessary and required** for equal enjoyment of the housing opportunity as a result of his/her disability.

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3.  **I cannot** verify that the requested reasonable accommodation/modification is necessary for the person named above to have equal housing opportunity as a result of his/her disability.

*I certify to the best of my knowledge, the information provided is true and correct.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

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

\_\_\_\_\_  
Professional Title

\_\_\_\_\_  
License # (if applicable)

\_\_\_\_\_  
City/State/Zip Code

\_\_\_\_\_  
Address

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<b>AUTHORIZATION FOR RELEASE OF INFORMATION</b>
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RE: Household member with disability: \_\_\_\_\_

I hereby authorize the release of information to the Imperial Valley Housing Authority regarding the request for reasonable accommodation/modification described on this form. This release shall constitute a waiver of confidentiality of our relationship.

\_\_\_\_\_  
Printed name of family member/parent/legal guardian

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Relationship to resident