

San Francisco Housing Authority

Reasonable Accommodation or Modification Policy – Tenant Packet

Page 1

A reasonable accommodation and/or modification is some exception or change that we make to rules, policies, services, or regulations that will assist a resident or applicant with a disability in taking advantage of a housing program and/or dwelling. The accommodation and/or modification must be necessary for the individual with the disability to enjoy and/or use fully services offered to other residents and/or the individual dwelling unit.

Reasonable accommodations can include, but are not limited to:

- A change in the rules or policies or how we do things that would make it easier for you to live here;
- Permitting a seeing eye dog for a household in a community where pets are not allowed, or not charging a deposit for a service animal though we charge deposits for pets;
- Permitting an outside agency to assist a disabled resident to meet the terms of the lease;
- Permitting a live-in Personal Care Attendant (PCA) to live with a disabled resident who might need 24-hour assistance;
- A change in the way we communicate with you or give you information.

Reasonable modifications can include, but are not limited to:

- A minor structural change or repair in your apartment or another part of the apartment complex that would make it easier for you to live here;
- Altering your apartment so it can be used by a resident in a wheelchair. (In the event that an alteration to an existing apartment is not economically feasible, the Housing Authority reserves its right to transfer you to a unit that fits your needs.)

A resident or applicant is entitled to a reasonable accommodation and/or modification when needed because of a disability of the applicant, resident, or a household member. We will grant all requests for reasonable accommodations and/or modifications that are needed as a result of a disability if the request does not pose an administrative burden and/or is not economically feasible.¹ If we deny a request, we will give you the reason(s) in writing.

There must be a verifiable disability involved in order for the household to qualify for a reasonable accommodation and/or modification. We are required by law to keep all information about the disability confidential. A person has a disability if he/she has a physical or mental impairment that substantially limits one or more major life activities, has a record of such impairment, or is regarded as having such impairment.

We will respond to all written and verbal requests for reasonable accommodations and/or modifications. Please complete the attached forms so that we may obtain the necessary information. This will help us to better serve you.

- Request Form for Reasonable Accommodation and/or Modification (for you to complete);
- Verification of Need for Reasonable Accommodation and/or Modification and Release (please fill in the name and address of your health care provider, such as a doctor, nurse,

¹ In the event that a request is an administrative burden and/or not economically feasible, the SFHA reserves its right to transfer you to a unit that fits your needs.

San Francisco Housing Authority
Reasonable Accommodation or Modification Policy – Tenant Packet

Page 2

therapist, or social worker, and sign the Authorization to Release Information in the space provided to complete).

Return the Request form and the addressed and signed Verification form to the Housing Authority or your Manager.

Thank you.

San Francisco Housing Authority Request Form for Reasonable Accommodation and/or Modification

If you, or a member of your household, has a disability and feel that there is a need for a reasonable accommodation/modification for said person to have equal use and access to your unit, please complete this form and submit the form to the San Francisco Housing Authority or your Manager. Check all items that apply and explain fully. Use the other side of this form if you need more space. If you cannot fill out this form yourself, you may have someone assist you. Please keep copies of all documents that you submit to the San Francisco Housing Authority or your Manager.

Name of Resident or Applicant: _____ **Date:** _____

Address: _____

1. The person(s) who has a disability requiring a reasonable modification is:

- Myself
- A Household Member

Name of person with disability: _____

Address: _____

Phone Number: _____

2. I am requesting the following accommodations/modifications so that I or my household member(s) can live here as easily as others and enjoy and participate equally in housing:

3. I need this reasonable accommodation/modification because:

Signature of Resident or Applicant: _____

**San Francisco Housing Authority
Verification of Need for Reasonable Accommodation and/or Modification**

Name and Address of Care Provider:

Date: _____
Head of Household: _____
Client Number: _____
Patient's Name: _____

Dear Care Provider:

The individual listed above has identified him or herself as being disabled and has asked for an accommodation/modification from this agency to meet certain needs dictated by the disability. The Housing Authority grants reasonable accommodation/modification requests based in part by verification of need from a qualified professional who has direct experience with an individual's disability. You have been authorized to release information to us regarding the need for an accommodation/modification. In order to maintain client confidentiality we require this form be returned to the Housing Authority by the U.S. Postal Service at the address listed below. Hand-delivered forms will not be accepted.

Authorization to Release Information: I authorize the care provider listed above to disclose relevant information to the San Francisco Housing Authority regarding the need for a reasonable accommodation/modification. I understand the information the Housing Authority obtains will be kept confidential and used solely to determine if an accommodation/modification should be provided.

Signed: _____
Name of Patient (or Guardian)

Printed Name
Dated: _____

Section 504 of the Rehabilitation Act and the Fair Housing Amendments Act define a "disability" as a physical or mental impairment which substantially limits one or more of a person's major life activities, a record of having such an impairment, or being regarded as having such an impairment.

1. Does this individual have a disability, as defined above? Yes _____ No _____
2. If yes, does this individual, because of this disability, need an accommodation/modification in any rules, policies, practices, or services of the San Francisco Housing Authority to have an equal opportunity to use and enjoy his or her home? Yes _____ No _____
3. If yes, please describe the accommodations/modifications needed:

**San Francisco Housing Authority
Verification of Need for Reasonable Accommodation and/or Modification**

4. Do you recommend this type of accommodation/modification for individuals with similar impairments?

Yes _____ No _____

5. If no, please explain:

6. If necessary, would you be willing to testify under oath to the information provided on this form?

Yes _____ No _____

WARNING: Any person who signs this statement and who willingly states as true, any matter which (s)he knows to be false, is subject to the penalties prescribed for Perjury in Section 118 of the California Penal Code and Section 11054 of the Welfare and Institutions Code.

Name and address of person completing form:

Printed name: _____

Position: _____

Address: _____

Telephone: _____

Signature: _____

Date: _____

Please return this form to:

San Francisco Housing Authority
Office of the General Counsel
440 Turk Street
San Francisco, CA 94112