



### ***Notice of Right to Reasonable Accommodation***

If you have a physical or mental health problem or disability, and you need one of the following to allow you equal housing opportunity You may ask for this kind of change, which is called a **Reasonable Accommodation/Modification**.

- A change in or policies that would give you an equal chance to access our housing,
- A change in the way we communicate with you or give you information,
- A physical change to your housing unit

#### ***Your Request***

If you can show that you have a disability or health problem that interferes with your use of housing, and if your request is reasonable, we will try to make the changes you request. You can ask for this change by contacting the Property Manager. **Staff can assist you in filling out a Reasonable Accommodation Request Form.**

#### ***Our Response***

We will give you an answer in 30 days, unless there is a problem getting the information we need, or unless you agree to a longer time. We will let you know if we need more information or verification from you or if we would like to talk with you about other ways to meet your needs. If we turn down your request, we will explain the reasons in writing and you can give us more information, if you think that will help. You may also appeal our decision and we will tell you how.

#### ***Confidentiality***

All information you provide will be kept confidential and be used only to help you have an equal opportunity to enjoy the housing. It is illegal for us to deny you any services or retaliate against you because you made a Reasonable Accommodation Request.





**Resident Request for a Reasonable Accommodation**

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

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

Date: \_\_\_\_\_

As a result of a disability, I am requesting the following reasonable accommodation(s)

1. A change in AMHA policy, practice or procedure: (Please Specify) \_\_\_\_\_  
\_\_\_\_\_
2. A physical change in the housing unit \_\_\_\_\_
  - a. Addition of Grab Bars for Bath/Shower \_\_\_\_\_
  - b. Modification of alarm system to accommodate visual impairment \_\_\_\_\_
  - c. Modification of alarm system to accommodate hearing impairment \_\_\_\_\_
  - d. Other: (specify) \_\_\_\_\_
3. ESA/Service Animal \_\_\_\_\_
4. Unit Transfer \_\_\_\_\_
5. Other: (specify) \_\_\_\_\_  
\_\_\_\_\_

***Verification of Need:***

You MAY be asked to allow us to verify the need for this accommodation. If so, the information we obtain will be kept completely confidential and used solely to determine that the accommodation is related to the disability to be able to provide equal housing opportunity.

***Providing the Accommodation:***

If we cannot provide this accommodation immediately, we will get an answer to your request within 30 days pending the response from the reported professional.

Resident Signature: \_\_\_\_\_ Date: \_\_\_\_\_

AMHA Signature: \_\_\_\_\_ Date: \_\_\_\_\_





**Verification of Need for a Reasonable Accommodation Request {page 1 of 2}**

Dear \_\_\_\_\_,

The next page of this document is a form signed by \_\_\_\_\_ asking you to verify his or her disability and need for a reasonable accommodation.

State and federal laws require entities, such as ourselves, to make reasonable changes to policies, practices, procedures and/or physical changes to housing units if such changes are necessary to enable a person with a disability to have equal access to, and enjoyment of, the housing. Please note that such changes must be necessary as a result of the person's disability.

Please indicate on the form whether you believe that this individual has a disability (as defined in the question) and whether the accommodation requested is necessary and will achieve its purpose. Please also feel free to add any additional information or suggestions 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 to:

*AMHA  
3526 Lake Avenue  
Ashtabula, OH 44004*

If you have any questions, please feel free to call the Property Manager at 440-992-3156.

Thank you very much for your assistance.

Sincerely,

Property Manager





**Ashtabula**  
 METROPOLITAN HOUSING AUTHORITY  
 3526 LAKE AVENUE, ASHTABULA, OHIO 44004  
 (OFFICE) 440 992 3156 (FAX) 440 992 7947

**Verification of Need for a Reasonable Accommodation Request {page 2 of 2}**

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

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

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

*I have requested the accommodation below and ask that you fill out the following certification.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Certification**

The individual who has signed above has requested the following reasonable accommodation(s)

\_\_\_\_\_

and requested you provide verification of need.

Please indicate here:

1. Do you believe the individual has a physical or mental impairment that limits a major life activity? YES or NO
2. In your professional opinion, does the resident need this accommodation in order to have the same opportunity that a nondisabled individual has to use and enjoy the apartment community? YES or NO
3. Is there any other accommodation that may be equally effective as the requested accommodation which you can suggest? YES or NO

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Title of Physician or Professional \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

