



HOUSING AUTHORITY
of the City of Long Beach

521 E. 4th Street
Long Beach CA 90802
Tel 562 570-6985
Fax 562 499-1052
www.haclb.org

**REASONABLE
ACCOMMODATION PACKET
FOR
SECTION 8 PARTICIPANTS**

**NOTICE TO APPLICANTS WITH DISABILITIES REGARDING
REASONABLE ACCOMMODATION**

The Housing Authority of the City of Long Beach (HACLB) is committed to providing accommodations to persons with disabilities so that their living arrangements are comparable to those of other Section 8 participants. A reasonable accommodation and/or modification is some exception or change that we make to rules, policies, services, or regulations that will assist a participant 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. An example of a reasonable accommodation that may be requested may include:

- ❑ A change in the Housing Authority’s rules, policies, or how we do things that would make it easier for you to live in your dwelling;
- ❑ A change in the way we communicate with you or give you information.
- ❑ Permitting a live-in Personal Care Attendant to live with a disabled participant who might need 24-hour assistance.

To qualify for a reasonable accommodation, you must:

1. You or a household member must be a person with a disability under the following ADA definition:
 - A physical or mental impairment that substantially limits one or more major life activities;
 - A record of such an impairment or
 - Regarded as having such an impairment

The term “substantially limits” suggests that the limitation is “significant” or “to a large degree.”

The term “major life activity” means those activities that are of central importance to daily life, such as seeing, hearing, walking, breathing, performing manual tasks, caring for one’s self, learning, and speaking.

2. Submit a Request for Reasonable Accommodation form
3. Have a qualified physician or other professional verify that you require the accommodation due to your disability and the change is required for you to have equal access to the housing program.

If you can show that you have a disability and if your request is reasonable and relates to the accommodation you are requesting we will try and make the change as long as it is not too expensive or difficult to arrange.

You will be provided with a written decision in a reasonable time frame. In no additional information is needed and no verification outstanding, a response should be sent to you within 14 working days.

The written decision will include details on the request if approved, or an explanation for denial of the request, as well as details on requesting an information hearing to have the decision reviewed.

You may pick up a Reasonable Accommodation Request Form at our office, or obtain in from our website www.haclb.org.

Falsifying reasonable accommodation requests constitutes program fraud under 24 CFR § 982.551 (k) and may result in denial or termination of benefits.



HOUSING AUTHORITY OF THE CITY OF LONG BEACH

521 E. Fourth Street
Long Beach, CA 90802
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NAME: _____ PHONE: _____

ADDRESS: _____

1. The following member of my household has a disability as defined below: (A physical or mental impairment that substantially limits one or more major life activities; a record of having such impairment; or being regarded as having such an impairment).

Name of person with disability: _____

2. As a result of his/her disability the following change or changes are needed so that my family can live in the subsidized unit as easily or successfully as other residents. We are requesting the following:

- Additional bedroom for durable medical equipment or severe medical reasons
- Additional bedroom for 24 hour personal care attendant
- To rent from a relative
- Other: _____

3. I am requesting the following accommodation so that I or my household member(s) can live here as easily as others and enjoy and participate equally in housing: **(Please attach additional pages if needed)**

Signature of Head of Household: _____

PROVIDER FORM
(To be completed by provider only)

VERIFICATION OF NEED FOR REASONABLE ACCOMMODATION

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 from this agency to meet certain needs dictated by the disability. You have been asked as a qualified professional to provide information based on your direct experience with this individual. 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 provide listed above to disclose relevant information to the Housing Authority of the City of Long Beach regarding the need for a reasonable accommodation. I understand the information the Housing Authority obtains will be kept confidential and used solely to determine if an accommodation 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 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 in any rules, policies, practices or services of the Housing Authority of the City of Long Beach to have an equal opportunity to use and enjoy his or her home? Yes _____ No _____

3. If yes, please describe the accommodations needed: _____

4. Please describe why this accommodation is needed and how it relates to a disability:

5. Do you recommend this type of accommodation for individuals with similar impairments?

Yes _____ No _____

6. In no, please explain: _____

7. 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 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:

Housing Authority of the City of Long Beach
Linda Bevins - Housing Assistance Coordinator
521 E. 4th Street
Long Beach, CA 90802
562 499-1061 fax