



Berkeley Housing Authority

NOTICE OF RIGHT TO REASONABLE ACCOMMODATION

Fill out this form to request a reasonable accommodation or to renew an existing one if verification timeframe has expired.

If you or a family member has a disability and as a result of the disability you need:

- A modification to our rules or policies such as permission for a live in aid, additional time to search for housing, or other changes to our rules; or
- A change in the way we communicate with you or give you information, you may ask for this kind of rule or policy change by requesting a reasonable accommodation.
- A structural modification to your unit, or a move to a different unit (Low Income Public Housing Units only)
- Accommodation of a service or companion animal

I would like to request a reasonable accommodation (Fill out back of this form and sign below).

I already am receiving a reasonable accommodation and would like to continue receiving it.
The accommodation is _____.

I do not request a reasonable accommodation (sign below).

If you have a disability as verified by a medical professional, and if your request for an accommodation is directly related to your disability, reasonable (it does not pose an “undue financial or administrative burden”), and does not violate or conflict with a basic program element (payment of rent, inspections, and responsibility to be a good neighbor) or result in an undue financial or administrative burden to the BHA, we will grant the change you request.

How to Request a Reasonable Accommodation

Step 1: Complete the back of this document. You may complete the form or you may have the help of a family member or other person you designate. If you require further assistance please contact your Housing Authority representative.

Step 2: We will need verification that you have a disability from a healthcare provider that you identify on the back of this form. Once we receive verification from your healthcare provider, we will respond to you in writing within five to ten business days of receiving the information we need.

Response: Your request will either be approved, denied or reviewed with an alternative suggestion. If your request is denied we will give you an opportunity to appeal and provide us with additional information. If you have any questions on this process, please call the Reasonable Accommodations Coordinator at 510-981-5485.

Please sign to acknowledge receipt of a copy of this notice.

Print Name

Phone

Signature

Date

BHA Use Only. Confirm whether Verification Form is Necessary.

Yes, accommodation verification expired on _____ No, accommodation is verified through _____