



TACOMA HOUSING AUTHORITY

REQUEST FOR REASONABLE ACCOMMODATION

THA Form #CR-10(1)

To: THA staff who are disabled, or job applicants, people who use or apply to use THA housing or services who are disabled:

If you are disabled and would like to ask THA for an accommodation or modification of a housing unit to help with a disability, please fill out this form. It will help THA understand your request and respond to it. The form has four pages. Use extra sheets of paper if you need more space.

If you would like help with this form or with making your request, you may speak with any THA staff person. He or she will direct you to the right person. When you are done, give the form to any THA staff person. You can also send the form to:

**Civil Rights Compliance Auditor
Tacoma Housing Authority
902 South L Street
Tacoma, WA 98405
(253) 682-6212
Fax (253) 627-2606**

To help THA understand your request and respond to it, THA staff will probably need to speak with you. THA may also need information from a health care provider or other persons who can explain or verify your needs. For this purpose, this form asks you to list these persons and allow them to share some limited information with us. We may also ask you for information directly.

If you have any questions or concerns, you may contact THA's Civil Rights Compliance Auditor at the address or phone number listed above.

THA will try to respond to your request within twenty (20) working days from receiving it.

Thank you.

The Tacoma area has a few other agencies that may help you make your request or help you if you are not satisfied with THA's response. Their names, addresses and phone numbers are listed on the attached piece of paper. Their services are free. THA will gladly work with them or any other representative you may choose.



EQUAL HOUSING OPPORTUNITY

THA is committed to equal opportunity. It does not unlawfully discriminate on the basis of race, color, national origin, religion, gender, disability, age, familial status, marital status, sexual orientation, veteran or military status, or gender identity.



THA will reasonably accommodate the needs of disabled persons. THA has units accessible to persons with disabilities. It will also reasonably modify units as necessary to meet the needs of disabled persons.

THA's Civil Rights Compliance Auditor is responsible for coordinating THA's compliance with the law. He or she can be reached at (253) 682-6212.

Request for Reasonable Accommodation (cont.)

Name of person(s) for whom accommodation/modification is sought

Date of Request

Address

Telephone
Number

Email address

Requester Status

- | | | |
|--|--|--|
| <input type="checkbox"/> THA Employee | <input type="checkbox"/> Job Applicant | <input type="checkbox"/> Applicant for HOP |
| <input type="checkbox"/> Applicant for Tenancy | <input type="checkbox"/> Applicant for Voucher | <input type="checkbox"/> Voucher Holder |
| <input type="checkbox"/> Tenant | <input type="checkbox"/> HOP Subsidy Holder | <input type="checkbox"/> Other |

Preferred Method of Communication:

- Email Phone Mail

Note: We will notify you of the decision using your preferred method of communication. We will always follow up with a letter by mail.

- 1. I am disabled.**
- 2. My disability affects or limits my activities in the following ways.**

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3. **I need the following accommodation or modification because of my disability. If requesting an extra bedroom for medical equipment storage or live-in caregiver needs, please describe in the space provided below.**

Request for Reasonable Accommodation (cont.)

4. **I need this accommodation or modification for the following reasons.**

5. **Authorization for Release of Information**

I have asked the Tacoma Housing Authority (THA) to accommodate my disability. The following people or agencies I list below have information that would help verify my disability and explain why I need the accommodation/modification that I seek. I give them permission to share this information with THA. This permission is good for ninety (90) days from the date I sign this. I can also withdraw this permission at any time.

Name, Phone, Fax Number, Email	Name, Phone, Fax Number, Email

Name, Phone, Fax Number, Email	Name, Phone, Fax Number, Email
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Requester / Representative Information:

Signature	Date
Print Name	
Address	
Phone Number	

Request for Reasonable Accommodation (cont.)

If requester or a representative does not sign this form, THA staff will state the reason below. He or she will also fill out the form as a written record of the request, using available information. If possible, staff should read it back to requester to make sure it is accurate.

Reason why requester or representative did not sign (check all that apply):

- Requester or representative refused to sign
- Requester or representative submitted request by separate writing (attached)
- Requester or representative could not make arrangements to sign
- Other reason:

THA Staff Signature

Date

Print Name

Copy to THA's Civil Rights Compliance Auditor



TACOMA HOUSING AUTHORITY



NOTICE OF NONDISCRIMINATION AND ACCOMMODATION



The Tacoma Housing Authority (THA) complies with laws that protect people from discrimination. These laws protect THA staff, people who apply for THA jobs, and people who receive or apply to receive housing or other services from THA. THA takes these laws seriously.

Nondiscrimination

THA will not unlawfully discriminate against anyone because of:

<i>Race</i>	<i>Color</i>	<i>National Origin</i>	<i>Sexual Orientation</i>
<i>Religion</i>	<i>Gender</i>	<i>Disability</i>	<i>Gender Identity</i>
<i>Age (over 40)</i>	<i>Marital status</i>	<i>Familial Status (having minor children)</i>	
<i>Ancestry</i>	<i>Veteran (honorably discharged) or Military Status</i>		

Reasonable Accommodation or Unit Modification for Disabled Persons or Tenants

THA will reasonably accommodate the needs of disabled persons. Please ask for help if you are disabled and for that reason need help doing a THA job, complying with your THA lease, or using our services. Perhaps you need us to modify a rule, alter your job duties, change your THA apartment, or change how we communicate with you. If so THA will try to accommodate you. To do that, we must determine (i) that you are disabled, (ii) that you need the accommodation because of your disability, (iii) that it would not cause THA an undue burden or cost, and (iv) that it will not fundamentally alter your essential job functions or THA's programs. To ask for help, contact any THA staff person.

No Retaliation

THA will not unlawfully retaliate against anyone because they in good faith exercised their rights.

If You Need Help

If you think THA has broken these laws or has not done as well as you expect, we would like to hear about it. You can tell any THA staff. You can get a complaint form at our offices. You can also call:

THA Civil Rights Compliance Auditor

902 South L Street, Tacoma, WA 98405

253-682-6212 • Fax 253-627-2606 • TDD (800) 545-1833 ext 249

civilrights@tacomahousing.org • www.tacomahousing.org

The following agencies may also help you. Their services are free.

TACID 6315 South 19 th Street Tacoma, WA 98466-6217 (253) 565-9000 PHONE Relay 711 TTY tacid.org	CLEAR (Coordinated Legal Education, Advice & Referral) 1-888-201-1014 (toll free) 1-800-833-6384 TTY 1-888-387-7111 (People age 60 and over)(toll free) nwjustice.org/get-legal-help
FAIR HOUSING CENTER OF WASHINGTON Suite 250, 1517 South Fawcett Tacoma, WA 98402 (253) 274-9523 PHONE (253) 572-4348 FAX fhcwashingtton.org	CITY OF TACOMA HUMAN SERVICES DIVISION Room 836, 747 Market Street Tacoma, WA 98402-3779 (253) 591-5151 PHONE (253) 591-5050 FAX (253) 591-5153 or 711 TTY cityoftacoma.org

