



TACOMA HOUSING AUTHORITY

REQUEST FOR REASONABLE ACCOMMODATION

THA FORM CR-10(1)

To: Tacoma Housing Authority (THA) clients with disabilities:

THA is committed to providing reasonable accommodations for individuals with disabilities, to ensure equal opportunity to have full use and enjoyment of their home. **This form is optional and not required.**

Requests can be made verbally or in writing to any THA staff. Although not required, written requests will help THA assess your request and avoid any confusion about what you need.

Requests are considered on a case-by-case basis and must be reasonable. A request is unreasonable if it poses an undue financial and administrative burden or fundamentally alters THA's business.

Please complete the highlighted sections regarding the person who needs the accommodation(s). Please **DO NOT** submit medical records or provide confidential medical information regarding the nature or extent of the disability.

Note: Incomplete requests or additional information needed may cause a delay in processing.

If you have any questions, please contact the THA staff person working with your or THA's Fair Housing and Compliance Specialist at **(253) 682-6212**. You may also send the completed documents to THA's Compliance Department at:

Email: civilrights@tacomahousing.org

**Mail: Fair Housing and Compliance Specialist
Tacoma Housing Authority
902 South L Street
Tacoma, WA 98405**

Fax: (253) 627-2606



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 Fair Housing and Compliance Specialist is responsible for coordinating THA's compliance with the law. He or she can be reached at (253) 682-6212.

Date of Request: _____

Head of Household: _____

Household member in need of accommodation _____

Date of birth of household member in need of the accommodation: ____/____/____

Mailing Address: _____

Email Address: _____ **Phone:** _____

Please check one:

- Current Tenant Current Voucher Holder Housing Applicant

1. **Is the person in need of the reasonable accommodation disabled?** Yes or No

If you answered "No" to question 1, STOP, DO NOT CONTINUE

2. **As a result of this disability, the following reasonable accommodation(s) is being requested from THA:**

The household member **needs a live-in aide**. *A daily in-home worker, housekeeper, or rotating shifts does not qualify as a live-in aide.*

Extra bedroom for a disability-related reason. *For medical equipment indicate the number of equipment and how much space is needed in dimensions. (Note: if necessary, a THA inspector may view the equipment to confirm that all sleeping and living spaces are not adequate to fulfill the accommodation.)*

The household member needs a change in a rule, policy or procedure. Example, a change in the way the housing authority communicates with you. (Note: Fundamental requirements must still be met.) Please specify the necessary change.

Other or Modification(s) to a THA owned unit. Please specify the necessary change. Provide additional pages if needed.

3. **This person needs this reasonable accommodation because:**

FRAUD AND FALSE STATEMENTS

Title 18, Section 1001 of the U.S. code states that a person who knowingly and willingly makes false and fraudulent statements to any department of the United States Government, including the Department of Housing and Urban Development (HUD), a public housing authority (PHA), and any owner (or employee of HUD, the PHA, or the owner) may be subject to penalties that include fines and/or imprisonment.

I certify by signing below that all the information provided above is true, accurate, and complete to the best of my knowledge.

Print Name

Signature

Date

TO BE COMPLETED BY CLIENT

Authorization for Release of Information

I authorize Tacoma Housing Authority (THA) to verify that the above-referenced household member has a disability and that the accommodation(s) requested is necessary in order to remove or alleviate barriers to housing. To verify this information, THA may contact the below-named professional who is knowledgeable about my situation and competent to render a professional opinion. I understand the information THA obtains will be kept completely confidential and used solely to evaluate the request.

CONTACT INFORMATION OF THE PROFESSIONAL WHO CAN VERIFY THE INFORMATION ABOVE

Name of Professional: _____

Field of Practice: _____ Agency/Clinic/Facility: _____

Email: _____

Phone: _____ Fax: _____

Mailing Address: _____

TO BE COMPLETED BY THA STAFF

For THA Use ONLY: THA Certification – If you mark both boxes below DO NOT send third-party forms.

- I certify that this individual's disability is obvious or otherwise known to THA and no further verification is required. **Please also check mark the first box of Section I of the third-party verification form.**
- I certify that this individual's need for the accommodation is readily apparent or known to THA and no further verification is required.

THA Staff Name and Signature Date

Approval of CRCA Date

TO BE COMPLETED BY THA STAFF WHEN NECESSARY

If requester or a representative does not sign this form, THA staff will state the reason below. THA staff 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 submitted request by phone or in person
 - Requester or representative submitted a separate written request (attached)

THA Staff Name and Signature Date



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 1106 Martin Luther King Jr. Way Tacoma, WA 98405 (253) 274-9523 PHONE Email: info@fhcwashingtton.com 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