



# IRONTON METROPOLITAN HOUSING AUTHORITY

720 Washington St., Ironton, OH 45638 Ph: 740-532-8658 Fax: 740-532-6990

## **NOTICE OF RIGHT TO REASONABLE ACCOMMODATION**

**If you have a disability and as a result of your disability you need...**

- A change in the rules or policies or how we do things that would give you an equal chance to enjoy or participate equally in the Public Housing Program or
- A change in the way we communicate with you or give you information.

**You may ask for this kind of change, which is called a REASONABLE ACCOMMODATION.**

If you can show that you have a disability and if your request is reasonable (**does not pose “an undue financial or administrative burden to IMHA”**) we will try to make the changes you request.

We will give you an answer in 10 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 to you about other ways to meet your needs.

If we turn down your request, we will explain the reasons and you can give us more information if you think that will help.

If you need help filling out a REASONABLE ACCOMMODATION REQUEST FORM or if you want to give us your request in some other way, we will help you.

You can get a REASONABLE ACCOMMODATION REQUEST FORM from the Ironton Metropolitan Housing Authority offices.

**Note: All information you provided will be kept confidential and be used only to help you have an equal opportunity to participate in the Public Housing Program.**



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## REQUEST FOR A REASONABLE ACCOMMODATION

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 impairment.)

Name of household member: \_\_\_\_\_

2. As a result of his/her disability, the following change or changes are requested so that (the person listed) can participate equally and successfully in the Section 8 and/or the Public Housing Programs. Check the kind of change(s) you need.

☐ A change in the way we communicate with you

☐ A change in the following rule, policy, services or procedure \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

3. I need this reasonable accommodation so that I can:

4. You may verify that I have a disability and my need for this request by contacting the following qualified medical professional:

Name:

Address:

Phone:

**I give you permission to contact the above individual for purposes of verifying that I or a family member has a disability and needs the reasonable accommodation requested above. I understand that the information you obtain will be kept completely confidential and used solely to determine if you will provide an accommodation.**

Signed: \_\_\_\_\_

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