



## **NOTICE TO APPLICANTS/PARTICIPANTS WITH DISABILITIES REGARDING REASONABLE ACCOMMODATION**

The Housing Authority of Thurston County (HATC) is committed to providing accommodations to persons with disabilities to help ensure that their living arrangements are comparable to those of other Section 8 participants. Accommodations must be reasonable, meaning they cannot cause either undue financial or administrative burden or a fundamental alteration in the nature of HATC's programs.

Reasonable accommodation requests may be made in any convenient manner, including written or verbal, to any Section 8 staff member. Although not required, requests made in writing will simplify processing and will help avoid misunderstandings. HATC's request for accommodation forms are designed to assist Section 8 participants. If you do not or cannot use the attached forms, HATC will still respond to your request for an accommodation.

Requests for reasonable accommodations will be considered on a case-by-case basis because people with the same disability may not need or desire the same type of accommodation.

If you make a reasonable accommodation request, HATC may request reliable documentation (not medical records) that you have a disability and verification of the need for the particular accommodation(s). HATC will not ask questions about the nature or severity of the disability except as specifically related to the requested accommodation. The type of verification you will need to provide depends on the specifics of the situation. The verification may be provided by any third party provider familiar with your disability on forms that the Housing Authority provides or in a separate note/letter. A signed release of information with your provider may help clarify your needs, but such a release is not required.

You may request assistance with completing the attached forms or ask that the forms be provided in an equally effective format or means of communication, such as:

- Qualified interpreters
- Use of Telecommunications Relay Services
- Large print materials
- Qualified readers
- TTY

While most decisions are made in less time, we will make every effort to render a decision within forty-five (45) calendar days.

If you have any questions or require additional information on the reasonable accommodation process or procedures, you may contact your housing program specialist or our main office at 360-753-8292.

**If you choose to complete these forms, please return these forms in person to 1206 12<sup>th</sup> Avenue SE, Olympia, WA 98501, by mail to P.O. Box 1638 Olympia, WA 98507-1638 Olympia, WA 98507-1638 or you may fax completed forms to 360-251-0500 or email to \_\_\_\_\_.**

## REQUEST FOR A REASONABLE ACCOMMODATION

**Please check one:** ☐ Section 8 Applicant ☐ Section 8 Participant

Head of Household: \_\_\_\_\_ Phone/Cell: \_\_\_\_\_

Address: \_\_\_\_\_

Email Address \_\_\_\_\_

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

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

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

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

3. You may verify that I have a disability and my need for this request by contacting: (This is the name of the third party professional familiar with your disability).

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

**I permit you to contact the above individual for purposes of verifying that a family member or I have a disability and needs the reasonable accommodation requested above. I understand that the information you obtain will be kept entirely confidential and used solely to determine if you will provide an accommodation. This form should be signed by either the member of the household with a disability or the Head of Household if disabled household member is a minor.**

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

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