



"Housing Opportunity for People Everywhere"

211 N. RIDGEWOOD AVENUE, SUITE 300, DAYTONA BEACH, FL 32114

## NOTICE OF RIGHT TO REASONABLE ACCOMMODATION

You may ask for a reasonable accommodation, if you or any member of your household has a disability.

### A Reasonable Accommodation is a change in:

- The rules or policies/how we do things that would give you an equal chance to live and use facilities; or take part in on-site programs,
- Your apartment or a special type of apartment that would give you an equal chance to live and use the facilities; or take part in programs on-site,
- Some part of the unit, or housing site where you reside, that would give you an equal chance to live and use the facilities; or take part in on-site programs,
- The way we communicate with you or give you information.

If we know that you have a disability, or we can verify a disability we will try to make the changes you request unless:

- your request is unreasonable,
- will pose "an undue financial and administrative burden (cost too much money to complete),
- it requires a fundamental change in the nature of our programs or services,
- it is structurally infeasible,

### Requesting a Reasonable Accommodation:

The form is available online, at our website at [www.dbhafl.org](http://www.dbhafl.org), or any property office, or at the Housing Authority's Main Office.

or

Contact your Property Manager or HCV Caseworker, at any time to request a Reasonable Accommodation Form, or if you want to give us your request in some other way, they will help you.

We will give you an answer in **10 business days** unless there is a problem getting the required verification, or if need to talk to you about other ways to meet your needs, or you agree to a longer time. If we **turn down** your request, we will explain the reasons, and **you have the right to appeal the decision**, if you think that will help.

I/we have read and understand this Notice of Right to Reasonable Accommodation.

I/we request a Reasonable Accommodation (the request form must be completed).

A Reasonable Accommodation is not required by any household member.

\_\_\_\_\_  
Applicant/Resident Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant/Resident Signature

\_\_\_\_\_  
Date



REASONABLE ACCOMMODATION REQUEST FORM

The Housing Authority of the City of Daytona Beach (HACDB) is committed to the letter and spirit of the Fair Housing Act, which, among other things, prohibits discrimination against persons with disabilities. In accordance with our statutory responsibilities and management policies, we will make reasonable accommodations in our rules, policies, practices, or services, when such accommodations may be necessary to afford persons with disabilities an equal opportunity to use and enjoy housing services of HACDB. If you are requesting such an accommodation, please fill out this form and return it to our office.

Name: \_\_\_\_\_ (Please Print) DOB: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ ZIP: \_\_\_\_\_

1. Please describe the accommodation (exception to our usual rule or policy) that you are requesting:

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

2. Are you, or any member of your household considered a disabled individual?  YES  NO
If you answered "No" to # 2 you are not entitled to request a Reasonable Accommodation. The Fair Housing Act defines disability as a physical or mental impairment that substantially limits one or more major life activities. The Supreme Court has determined that to meet this definition a person must have an impairment that prevents or severely restricts the person from doing activities that are of central importance in most peoples' daily lives.

Self or  Other Household Member  Minor Child  Other Adult

Name of Disabled Household Member: \_\_\_\_\_ DOB: \_\_\_\_\_

3. Please describe how the requested accommodation is necessary for your use and enjoyment of your apartment community or the Housing Choice Voucher (Section 8) program? (If needed, you may write on the back of this form or attach additional sheets of paper.)

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

4. Provide the name and address of your medical provider or professional agency, we may contact to verify the need for the requested accommodation:

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_
Position: \_\_\_\_\_ Agency: \_\_\_\_\_
Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_

I give permission for you to contact the above agency for purpose of verifying that myself, or a family member has a need for the above requested Reasonable Accommodation. I understand that the information obtained will be kept completely confidential and will be used solely to verify the accommodation.

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



**DISABILITY DEFINITION: The Americans with Disabilities Act defines a “disability” as a physical or mental impairment which substantially limits one or more of a person’s major life activities, a record of having such impairment, or being regarded as having such an impairment.**

1. Does this individual have a disability, as defined above? Yes \_\_\_ No \_\_\_

2. If yes, does this individual, because of this disability, need an accommodation/modification in any rules, policies, practices, or services of the Homeless Service Provider to have an equal opportunity to use and enjoy shelter/housing services? Yes \_\_\_ No \_\_\_

3. If yes, please describe the accommodations/modifications needed:

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4. Is there any other accommodation that may be equally effective as the requested accommodation which you can suggest? \_\_\_ Yes \_\_\_ No Explain

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5. Are you or is someone in your organization available to discuss developing a plan of accommodation to balance the needs of this individual and the property owner? \_\_ Yes \_\_ No

If yes, please give name and phone number of contact person:

Name: \_\_\_\_\_ Title \_\_\_\_\_ Contact #: \_\_\_\_\_

6. Would you be willing to testify in any court action or related proceeding as to resident’s need for the reasonable accommodation? \_\_\_ Yes \_\_\_ No  
If you answered no to the above question, please explain the reason for your answer.

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**The information you provide will be used to determine whether to grant the accommodation request and may also be used in legal proceedings.**

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

Agency/Institution: \_\_\_\_\_

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

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

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Chapter 409.325 of Florida Statutes makes it a crime, punishable by a fine of \$50 to \$5000, or imprisonment for up to five (5) years, or both if a housing applicant or tenant deliberately makes false statements about his or her income, or fails to disclose a material fact affecting income and rent. Section 1001 of Title 18 of the United States Code also makes it a crime punishable by a fine up to \$10,000 or by imprisonment of up to five (5) years or both for making any false, fictitious or fraudulent statement or representation or making or using any false writing or document in any matter within the jurisdiction of any department or agency of the United States.

