



Stark Metropolitan Housing Authority

400 East Tuscarawas St.
Canton, OH 44702

PH: 330-454-8051

FX: 330-454-8065



NOTICE OF RIGHT TO REASONABLE ACCOMMODATION

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

- a change, an exception, or adjustment in the rules or policies, practices, services that would give you an equal chance to enjoy or participate in a Public Housing or Section 8 Program; or
- a change in the way Stark Metropolitan Housing Authority ("SMHA") communicates with you or gives you information.

You may ask for a Reasonable Accommodation.

If you have a disability and verification from a qualified third party professional is provided to show that your request relates to your disability, then SMHA will approve your reasonable accommodation request. However, a request can be denied if it fundamentally alters the nature of SMHA's operations or imposes an undue financial and administrative burden. Additionally, a request that would cause or causes a direct threat to the health and/or safety of other residents and/or SMHA staff will not be granted a reasonable accommodation.

You may ask your property manager for a Request for Reasonable Accommodation form. The forms are also available at the Central Office (located at 400 E. Tuscarawas Street, Canton, OH 44702) from the Section 504 Coordinator, the Intake Department or your Section 8 Reviewer. Note: All information you provide regarding your reasonable accommodation request will be kept confidential and used only to help you have an equal opportunity to participate in SMHA's housing programs. If you need help filling out a Request for Reasonable Accommodation form or if you want to give SMHA your request in a way other than the form, please let SMHA know.

You will receive a response within 10 days of all necessary information being reviewed including the qualified third party professional's verification unless there is a delay in getting the information to SMHA or you agree to a longer time. SMHA will let you know if more information is needed or to talk to you about other ways to meet your needs. Additionally, if the disability is obvious, SMHA does not need third party verification of the disability. For example, if you or a household member are in a wheelchair and you request a ramp, SMHA will not need third party verification to make a decision regarding the request.

If you disagree with the decision, you can request an informal hearing. Upon your request, a hearing will be scheduled and a hearing officer will listen to information about your request. After the hearing, the Hearing Officer will make a decision to uphold or reverse SMHA's decision. If you and/or SMHA do not agree with the Hearing Officer's decision, you and/or SMHA can file an objection with the appropriate court of jurisdiction. Feel free to contact the Section 504 Coordinator for more information by calling 330-454-8051, ext. 362.



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REQUEST FOR A REASONABLE ACCOMMODATION

Name: _____ DOB: _____ Phone: _____

Address: _____ PH AMP: _____

SMHA Manager: _____ Department: _____

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 an impairment; and being regarded as having such an impairment.

The term 'major life activity' mean those activities that are of **central importance to daily life**, such as seeing, hearing, walking, bathing, performing manual tasks, caring for one's self, learning and speaking. This list is not exhaustive.

Name of household member: _____

2. As a result of my/my family member's disability, the following change or changes are requested so that we can participate equally and successfully in the Section 8 &/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 _____

☐ A modification to my unit. Describe: _____

3. Based on my disability, I need this accommodation because or in order to:

4. What alternative accommodation could meet the same need should the request made be unavailable or deemed unreasonable?

5. You may verify that I or my family member has a disability and needs this accommodation as a result of a disability, by contacting the following qualified 3rd party:

Name: _____ Phone: _____

Address: _____ City, State, Zip Code: _____

****Requested Accommodations and/or Modifications that obviously meet the need of the requestor need not be verified by a third party professional.**



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I give you permission to contact the above individual for purposes of verifying that I or a family member has a disability and need the reasonable accommodation/modification 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 or unless disclosure is required by Law.

Signed: _____

Date: _____

**VERIFICATION OF NEED
FOR REASONABLE ACCOMMODATION\ACCESSIBLE UNIT\UNIT MODIFICATION
TO BE COMPLETED BY THE INDIVIDUAL REQUESTING THE REASONABLE ACCOMODATION**

Tenant or Applicant Name: _____ Phone: _____
Address: _____ AMP _____

I have applied for housing assistance through Stark Metropolitan Housing Authority and request that you fill out the following verification. I have requested the following program change or accommodation:

Signed: _____ Date: _____

TO BE COMPLETED BY QUALIFIED THIRD PARTY

1. In my opinion as a qualified third party professional, the applicant or tenant has a disability as defined below:

- A. A physical or mental impairment that substantially limits one or more major life activities.
- B. A record of having such an impairment; and
- C. Being regarded as having such an impairment.

☐ Yes ☐ No

2. In my opinion, the applicant or tenant's **disability is directly related to requested accommodation** and is necessary in order for the tenant to have the same access or benefit from the program that a non-disabled person would have.

☐ Yes ☐ No

Please describe any additional modification or accommodation that you believe is necessary without providing the medical diagnosis:

☐ I do **not** believe the applicant/tenant needs a change to the policies and procedures as a result of his/her disability to have an equal housing opportunity.

☐ I **cannot** verify that the enclosed request is necessary for the above named person, as a result of his/her disability to have equal housing opportunity.

Signature _____

Date _____

Title of Qualified Third Party Verifier _____

Address _____

Phone _____