



*Meeting the community's
need for affordable, safe,
quality housing.*

Notice of Right to Reasonable Accommodation

A reasonable accommodation is a change, exception, or adjustment to a rule, policy, practice, or service that may be necessary for a person with disabilities to have an equal opportunity to use and enjoy a dwelling, including public and common use spaces, or to fulfill their program obligations.

The requirement to provide reasonable accommodation is intended to provide, for persons with disabilities, equal opportunity to participate in housing programs through modification of policies, procedures, or structures. This policy is not intended to provide greater program benefits to persons with disabilities than to non-disabled program participants or applicants.

If you have a disability and you need:

1. A change in the rules, policies, or procedures that would make it easier for you to a) receive rental assistance, b) live or use our facilities, *or* c) take part in programs on site;
2. *(For units owned or managed by the Superior Housing Authority (SHA))* a repair or change in your apartment or a special type of apartment that would make it easier for you to live and use the facilities or participate in our programs on site;
3. A change in the way we communicate with you or give you information including but not limited to, appropriate auxiliary aids, WI Relay services for deaf/hard of hearing, qualified sign language interpreters, or other alternate communication formats.

You can request a reasonable accommodation by completing this form and providing it to your Housing Specialist, or put your request in writing in an alternative format (mail, email, fax, etc.) or you can request an accommodation orally, however, SHA may request you follow up in writing.

In order to verify that you qualify for a reasonable accommodation, SHA will provide you with a form specific to your request. We will request verification from a knowledgeable professional. Knowledgeable professionals include, but are not limited to: medical providers, psychiatric care providers, licensed social workers, or other care providers who are familiar with your disability related needs.

You do not need to use the form SHA provides, however, the documentation you provide must contain enough information to determine that you qualify for the accommodation and that the accommodation requested is related to the disability. SHA will not ask the nature or extent of your disability. Please do not provide medical records.

Once SHA receives the information needed to determine the outcome of the accommodation request, SHA will follow up with a written response. This decision will be made as soon as possible, but not later than fourteen (14) business days after we receive the information.

If we turn down your request, we will provide you with a written explanation of the reasons. You can provide additional information to overturn that decision.

I, _____, have a disability and am requesting the following accommodations in order to have an equal opportunity to participate in one of your programs.

I am requesting the following accommodation:

Resident/Participant/Applicant Name (also Head of Household name if different)

Address

Phone

Email

