



HOUSING AUTHORITY OF ISLAND COUNTY

7 N.W. 6th St. • Coupeville, WA 98239-4000

(360) 678-4181 or 1-800-321-0686

FAX: (360) 678-6969

email: info@islandcountyha.org

NOTICE TO APPLICANTS/PARTICIPANTS WITH DISABILITIES REGARDING REASONABLE ACCOMMODATION

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

Reasonable accommodation requests may be made in any manner that is convenient, including written or verbal, to any Housing Authority office personnel or manager. Although not required, requests in writing will simplify processing and will help avoid misunderstandings. HAIC's request for accommodations forms are designed to assist housing authority program participants, if you do not or cannot use, the attached forms, HAIC 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 that same disability may not need or desire the same type of accommodation.

If you make a reasonable accommodation request, HAIC may request reliable documentation (not medical records) that you have a disability and verification of the need for the particular accommodation(s). HAIC 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 a qualified third-party provider familiar with your disability on forms that the Housing Authority provides.

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 questions, you need additional assistance with completing the attached forms or require additional information on the reasonable accommodation process or procedures; you may contact a HAIC office staff member by calling (360) 678-4181 or 1 (800) 321-0686.

If you complete these forms to request your reasonable accommodation, please return these forms to your Housing specialist or mail them the HAIC office - 7 NW 6th Street Coupeville, WA 98239.

REQUEST FOR A REASONABLE ACCOMODATION

Note: This form may be submitted to HAIC at any time. If you need Assistance with this form or have any additional questions, please contact HAIC at (360) 678-4181.

Head of Household: _____ Phone/Cell: _____

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 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: _____

I certify that the information in this Request for Reasonable Accommodation is true and accurate. I give HAIC permission to contact the above individual for the purpose 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. This form should be signed by either the member of the household with a disability, or the Head of Household if the disable household member is a minor.

Signed: _____

Date: _____

Warning: Section 1001 of Title 18 of the US Code makes it a criminal offense to make any willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction, punishable by fine not to exceed \$250,000 and/or imprisonment of not more than 5 years.