

MISSISSIPPI REGIONAL HOUSING AUTHORITY NO. VII



909 Delaware - P. O. Box 748 - McComb, Mississippi 39649 Phone: 601-684-0561 ~ FAX: (601) 684-6422 TTY: 1-800-582-2233 LUCIOUS CAMERON ~ Executive Director

Reasonable Accommodations

Disability Rights in Private and Public Housing: Regardless of whether you live in private or public housing, Federal laws provide the following rights to persons with disabilities:

• **Prohibits discrimination against persons with disabilities.** It is unlawful for a housing provider to refuse to rent or sell to a person simply because of a disability. A housing provider may not impose different application or qualification criteria, rental fees or sales prices, and rental or sales terms or conditions than those required of or provided to persons who are not disabled.

Example: A housing provider may not refuse to rent to an otherwise qualified individual with a mental disability because s/he is uncomfortable with the individual's disability. Such an act would violate the Fair Housing Act because it denies a person housing solely on the basis of their disability.

Requires housing providers to make reasonable accommodations for persons with disabilities. A
reasonable accommodation is a change in rules, policies, practices, or services so that a person with a
disability will have an equal opportunity to use and enjoy a dwelling unit or common space. A housing
provider should do everything s/he can to assist, but s/he is not required to make changes that would
fundamentally alter the program or create an undue financial and administrative burden. Reasonable
accommodations may be necessary at all stages of the housing process, including application, tenancy,
or to prevent eviction.

Example: A housing provider would make a reasonable accommodation for a tenant with mobility impairment by fulfilling the tenant's request for a reserved parking space in front of the entrance to their unit, even though all parking is unreserved.

Requires housing providers to allow persons with disabilities to make reasonable modifications. A reasonable modification is a structural modification that is made to allow persons with disabilities the full enjoyment of the housing and related facilities.

Examples of a reasonable modification would include allowing a person with a disability to: *install a ramp into a building, lower the entry threshold of a unit, or install grab bars in a bathroom.*

- Reasonable modifications are usually made at the resident's expense. However, there are resources available for helping <u>fund building modifications</u>. Additionally, if you live in Federally assisted housing the housing provider may be required to pay for the modification if it does not amount to an undue financial and administrative burden.
- People with Disabilities in Federally Assisted Housing: Federal law makes it illegal for an otherwise
 qualified individual with a disability to be excluded, solely because of his or her disability, from
 programs receiving federal financial assistance. For more information on the rights of persons with
 disabilities in federally assisted housing as well as the responsibilities of housing providers who receive
 federal financial assistance, visit our Section 504: Disability Rights in HUD Programs site.



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REQUEST FOR A REASONABLE ACCOMMODATION

Name:	Phone/Cell:	
Address:		
	old has a disability as defined below: (A physical or mental impairm or life activities; a record of having such an impairment; or being	ent
Name: Date of Birth:		
their unit here as easily or successfully a	llowing changes are requested so that the person listed can reside as other program participants. Check the kinds of change(s) you d by your third party provider on page 4.	
[] I request a fully modified, wheelchair (includes lowered counters and roll-in sh	accessible unit, meeting Uniform Federal Accessibility Standards hower)	
[] If you answered yes to the above que	estion, do you require a roll-in shower? Yes No	
[] I do not require a fully modified unit, baccessible to wheelchair users)	but require a unit that is accessible without stairs (and is generally	
[] I do not request a fully modified unit, I specific.	but require other modifications to my unit as listed below. Please b	е
3. I need this reasonable accommodatio	on so that I can:	
 You may verify that I have a disability third party professional familiar with you 	and my need for this request by contacting: (This is the name of the disability)	ne
Provider Name:		
Address:		
Phone:		
needs the reasonable accommodation reques confidential and used solely to determine if yo	dividual for purposes of verifying that I or a family member has a disability a sted above. I understand that the information you obtain will be kept comple ou will provide an accommodation. This should be signed below by either the head of household if household member with a disability is a minor.	etely
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REQUEST FOR A REASONABLE ACCOMMODATION

Please check one: ☐ Public Housing Applicant ☐ Public Housing Resident
Name: Phone/Cell:
Address:
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; or being regarded as having such an impairment.)
Name: Date of Birth:
2. As a result of his/her disability, the following changes are requested so that the person listed can reside in their unit here as easily or successfully as other program participants. Check the kinds of change(s) you need. These needs should be verified by your third party provider on page 4.
[] I request a fully modified, wheelchair accessible unit, meeting Uniform Federal Accessibility Standards (includes lowered counters and roll-in shower)
[] If you answered yes to the above question, do you require a roll-in shower? Yes No
[] I do not require a fully modified unit, but require a unit that is accessible without stairs (and is generally accessible to wheelchair users)
[] I do not request a fully modified unit, but require other modifications to my unit as listed below. Please be specific.
3. I need this reasonable accommodation so that I can:
4. 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)
Provider Name:
Address: Phone:
I give you permission to contact the above individual for purposes 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 should be signed below by either the member of the household with a disability or the head of household if household member with a disability is a minor.
Circuit Date