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700 Andover Park West, Ste B  
Seattle, WA 98188  
206-574-1100 Fax 206-902-9845

**NOTICE TO APPLICANTS/PARTICIPANTS WITH DISABILITIES REGARDING  
REASONABLE ACCOMMODATION**

The King County Housing Authority (KCHA) is committed to providing accommodations to persons with disabilities to help ensure that their living arrangements are comparable to those of other public housing applicants and residents. Reasonable accommodations for public housing applicants/residents must be reasonable, meaning they cannot cause either undue financial or administrative burden, or a fundamental alteration in the nature of KCHA's programs.

Reasonable accommodation requests may be made in any manner that is convenient, including written or verbal, to any Property Manager/Housing Assistant or Resident Services Coordinator. Although not required, requests made in writing will simplify processing and will help avoid misunderstandings. KCHA's request for accommodation forms are designed to assist applicants and residents. If you do not wish to, or cannot use, the attached forms, KCHA will still respond to your request for a reasonable accommodation.

Requests for reasonable accommodations will be considered on a case-by-case basis because people with the same disability may not need or desire the same level of accommodation.

If you make a reasonable accommodation request, KCHA may request reliable documentation (not medical records) that you have a disability and verification of the need for the particular accommodation(s). KCHA 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 any third party provider familiar with your disability on forms that the Housing Authority provides or in a separate note/letter. A signed release of information may be helpful in clarifying needs with your provider, but such a release is not required.

You may request assistance with completing the attached forms or ask that the forms be provided in an equally effective format or means of communication, such as:

- Qualified interpreters
- Use of Telecommunications Relay Services
- Large print materials
- Qualified readers
- Taped text audio recording
- Braille materials
- TTY

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 any questions or require additional information on the reasonable accommodation process or procedures, you may contact the KCHA Section 504 Coordinator by calling (206) 574-1351 or (800) 833-6388 TTY number.

These forms and reasonable accommodation information can also be found at [http://www.kcha.org/currentresidents/sh\\_reasonable.aspx](http://www.kcha.org/currentresidents/sh_reasonable.aspx)

**If you choose to complete these forms, please return these forms to your property management office or mail to 600 Andover Park W, c/o Reasonable Accommodations, Seattle, WA 98188. Or you may fax completed forms to 206-902-9845 or email to [RAs@kcha.org](mailto:RAs@kcha.org).**

REQUEST FOR A REASONABLE ACCOMMODATION

Please check one:  Public Housing Applicant  Public Housing Resident

Name: \_\_\_\_\_ Phone/Cell: \_\_\_\_\_

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

Email 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. Additional pages/documentation may be attached, if needed.

Fully Modified unit [ ] 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 \_\_\_\_\_

Live-in Aide [ ] I am requesting approval for a live-in aide.
Yes \_\_\_\_\_ No \_\_\_\_\_
[ ] IF, I am approved for a live-in aide, I require an additional bedroom to accommodate the live-in aide
Yes \_\_\_\_\_ No \_\_\_\_\_
[ ] IF, I am approved for a live-in aide, and I require a transfer, I require a unit that is accessible without stairs
Yes \_\_\_\_\_ No \_\_\_\_\_

Other Changes [ ] I request 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.

Signed: \_\_\_\_\_

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



Dear:

Enclosed is a form signed by \_\_\_\_\_ asking you to verify his or her disability and need for a reasonable accommodation in his or her current housing.

The person named above is an applicant for either admission to, or continued occupancy in, our King County Housing Authority Public Housing program. They have indicated that they or a family member have a disability that requires an accommodation. **Please note that such changes must be necessary as a result of the person's disability as opposed to a change that merely benefits the individual.**

Federal laws require public housing providers to make changes to rules, policies and procedures, as a reasonable accommodation, if such changes are necessary to enable a person with a disability to have equal access to, and enjoyment of, their apartment.

Please specify on the enclosed Verification of Need form the accommodation that you recommend for the above-named person. Also indicate whether you believe the individual has a disability with the definition provided and that the accommodation is necessary and will achieve its stated purpose. You may also add or provide additional information that would be helpful in making the appropriate accommodation for this person.

This form should not be used to discuss the person's specific disability or diagnosis or any other information that is not directly relevant to the request for an accommodation; however, it is important to be as specific as possible about this individual's housing needs as they relate to their disability so that we may provide the most appropriate response.

Please note that the applicant/resident has signed a Release of Information requesting that you provide information and answer the questions. If you have any questions feel free to contact me at (206) 574-1351.

Sincerely,

Ron Ovadenko  
Section 504 Coordinator

