

**VERMONT STATE HOUSING AUTHORITY  
REASONABLE ACCOMMODATIONS - HOUSING PROGRAMS**

**POLICY:** The Vermont State Housing Authority (VSHA) complies with state and federal laws requiring housing providers to make reasonable accommodations or changes to either rules, procedures and housing units or properties, if such changes are necessary to enable a person with a disability to have equal access to and enjoyment of the unit, property, facility or program.

Reasonable accommodations will be made during the application process and during an individual's participation in our programs; provided the accommodation does not present an undue financial or administrative burden. Any accommodation or change must be necessary for the individual to have equal access and enjoyment of the housing and programs, not just be desirable.

The Authority will consider suggested accommodations from an individual and determine whether the request is reasonable from a financial and administrative point of view. If such accommodation is not reasonable, the Authority will work with the individual to provide an alternative accommodation that would meet their disability needs.

**DEFINITIONS:** If you have a disability and you need...

- an exception, change or adjustment in our rules, policies, practices or services that would make it easier for you to apply for or participate in our programs,
- a change or repair in your unit or a special type of unit that would make it easier for you to enjoy your home,
- a transfer to a handicapped-accessible unit,
- a change or repair to some other part of the housing complex that would make it easier for you to live there and use the facilities or take part in programs on site, or
- a change in the way we communicate with you or give you information,

you can ask for this kind of exception, change or adjustment, which we call a **REASONABLE ACCOMMODATION**.

**PROCEDURES:** If you can show that you have a disability, if your request is reasonable and financially and administratively possible, we will try to make the changes you request.

If you need assistance in completing a **REQUEST FOR A REASONABLE ACCOMMODATION**, VSHA staff will be happy to provide help.

We will review your request and give you an answer in 10 working days unless there is a problem getting all the information we need or unless you agree to a longer time. We will let you know if we need more information or verification from you or if we would like to talk to you about other ways to meet your needs.

If we turn down your request, we will explain the reasons and you can give us more information if you think that will help.

**GRIEVANCES:** Grievances concerning compliance with VSHA's Reasonable Accommodation Policy will be handled in accordance with VSHA's Nondiscrimination Grievance Procedure.

**If you have questions regarding your rights as a disabled tenant, you may contact:**

**Arlene M. Shorten-Goodrich, Section 504 Nondiscrimination Coordinator, Vermont State Housing Authority, 802-828-3295 (Voice), 800-798-3118 (TTY), 800-820-5119 (Message Line);**

**Vermont Center for Independent Living, 800-639-1522 (Voice and TTY) or 802-229-0501 (Voice and TTY);**

**Vermont Human Rights Commission, 800-416-2010 (Voice and TTY) or 802-828-2480 (Voice and TTY); or**

**Vermont Legal Aid, 800-889-2047.**

**MANAGED PROPERTIES  
REQUEST FOR A REASONABLE ACCOMMODATION**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

1. The following member of my household has a disability:
2. Please provide the following change or changes so that the person listed above can live here as easily or successfully as the other residents. *(Please check the kind of change(s) needed.)*

A change in my apartment or other part of the housing complex. *(Please tell what is needed. Use other side, if necessary.)*

A change in the following rule or the way you do things. (I understand that I may ask for changes in how I meet the terms of the lease.) *(Please tell what is needed. Use other side, if necessary.)*

3. I need this reasonable accommodation because:

4. You may verify the need for this request by contacting:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

5. If asking for a change to my apartment or to the housing complex, the following company or organization may help locate or build anything special that is needed. *(If you don't know of any, we will try to get this information ourselves.)*

I give you permission to contact the above individual for purposes of verifying that I or a family member needs the reasonable accommodation requested above.

Signed \_\_\_\_\_ Date \_\_\_\_\_

VSHA Use Only

- Denied  
 Approved

**MANAGED PROPERTIES  
CERTIFICATION OF NEED FOR REASONABLE ACCOMMODATION**

Tenant or Applicant Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

I have applied for housing with the Vermont State Housing Authority and request that you fill out the following certification.

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

PLEASE RETURN TO: \_\_\_\_\_

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1. In my opinion, the Applicant or Tenant has a disability as defined below:  YES  NO
  - A) A physical or mental impairment that substantially limits one or more major life activities. (*A physical or mental impairment can include practically any condition, disease, illness, disfigurement or disorder so long as the impairment substantially limits one or more major life activity which includes caring for oneself, performing manual tasks, walking, seeing, hearing, breathing, learning and working.*)
  - B) A record of having such an impairment.
  - C) Being regarded as having such an impairment.
  
2. In my opinion, the Applicant's or Tenant's disability requires that a handicapped-accessible unit be made available to the Applicant or Tenant.  YES  NO
  
3. In my opinion, the Applicant's or Tenant's disability requires that other physical modifications to the unit or common area or reasonable accommodations to the rules and policies of the housing development be made in order for the Applicant or Tenant to have equal opportunity to live successfully in this housing.  
 YES  NO

If yes, please describe the special housing features, types of physical adaptations or accommodations in rules or policies which are needed for equal enjoyment of the housing opportunity as a result of his/her disability.

OR Verify that the enclosed request for changes to the unit or common area or to policies and procedures is necessary for the above named person, as a result of his/her disability to have equal housing opportunity.  YES, I CAN VERIFY  NO, I CANNOT VERIFY

If the reasonable accommodation request is to keep a companion animal at the site in order to have the same opportunity that a non-disabled individual has to use and enjoy the site, in your professional opinion, does the Applicant or Tenant need to keep more than one animal or a specific animal at the site.  
 YES  NO If Yes, please describe.

4. If special equipment is needed to provide the reasonable accommodation, please indicate, if known, where this equipment may be obtained.
5. Is the Applicant or Tenant an elderly, disabled or handicapped individual and in need of a Live-In Aide/Attendant Care Provider and is such provider **essential** to this individual's care and well-being.  
 YES  NO If yes, indicate the tasks to be performed and the number of hours per day.

*(A Live-In Aide/Attendant Care Provider is defined as a person who lives with an elderly, disabled or handicapped individual, and is essential (individual would not be able to live independently without the services of a live-in aide or an attendant care provider) to that individual's care and well-being and is not obligated for the individual's support and would not be living in the unit except to provide support services).*

**VERIFICATION OF ACCOMMODATION:**

I certify that I, \_\_\_\_\_ am qualified to attest to the fact that \_\_\_\_\_ needs the accommodation or physical modifications indicated above and that it will accommodate that specific disability and allow equal access to and enjoyment of the facilities and/or program. I would be willing to testify to the need for this accommodation or physical modification in a court of law, if necessary.

Signature

Date

Typed Name and Title of Physician or Professional

Phone

Address

If you have any questions about filling out this form or need any additional clarifications, please call:

\_\_\_\_\_

We cannot make a decision concerning the Applicant's or Tenant's request for a reasonable accommodation without this certification. We would appreciate receiving this Certification within five days. An envelope is provided for your convenience. Thank you.