

Virgin Islands Housing Authority

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HOUSING CHOICE VOUCHER PROGRAM REASONABLE ACCOMMODATION INFORMATION SHEET

A reasonable accommodation is a change, modification, alteration or adaptation in policy, procedure, practice, program or facility that provides a qualified individual with a disability an equal opportunity to use and enjoy the unit and common areas of a dwelling, or to participate in, or access, a program or activity. Accommodations must be reasonable, meaning that they cannot cause either undue financial or administrative burden, or a fundamental alteration in the nature of Virgin Islands Housing Authority's (VIHA) programs.

The Fair Housing Act's protection against disability discrimination covers not only tenants and applicants with disabilities, but also buyers and renters without disabilities who live or are associated with individuals with disabilities. The Act also prohibits VIHA from refusing housing subsidy to persons with disabilities or placing conditions on their participation in the Housing Choice Voucher Program, because they require reasonable accommodations.

There must be a verifiable disability involved in order for the household to qualify for reasonable accommodation, VIHA is required to keep all information about the disability confidential. The Fair Housing Act defines a person with a disability as (1) individuals with a physical or mental impairment that substantially limits one or more major life activities; (2) individuals who are regarded as having such impairment; and (3) individuals with a record of such impairment. This may include, but is not limited to, such diseases and conditions as orthopedic, visual, speech and hearing impairments, cerebral palsy, autism, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, Human Immunodeficiency Virus infection, mental illness, drug addiction (other than addiction caused by current, illegal use of a controlled substance) and alcoholism.

Reasonable accommodation requests may be made in any manner that is convenient, including written or verbal, to any Housing Choice Voucher Program (HCVP) employee. Although not required, requests made in writing will simplify processing and will help avoid misunderstandings. VIHA's request for accommodation forms are designed to assist HCVP applicants/participants. If you do not or cannot use the attached forms, VIHA will still respond to your request for 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 accommodation.

If you make a reasonable accommodation request, VIHA may request reliable documentation (not medical records) that you have a disability and verification of the need for the particular accommodation(s). VIHA 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.

While most decisions are made in less time, we will make every effort to render a decision within sixty (60) calendar days. If VIHA approves a request for reasonable accommodation the applicant/participant will be notified of the projected date of completion. If the request is denied, the applicant/participant will be notified of the reason(s) for denial in addition to information regarding VIHA's HUD-approved Grievance Procedures.



REQUEST FOR A REASONABLE ACCOMMODATION

Please check one: HCVP Applicant HCVP Participant

Head of Household: _____ Phone/Cell: _____

Address: _____

Email 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 an 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: (Please provide the name of the third- party professional familiar with your disability).

Name: _____

Address: _____

Phone: _____

I give VIHA 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 VIHA obtain will be kept confidential and used solely to determine if VIHA 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 disabled household member is a minor.

Signed: _____ Date: _____

