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|  | **Reasonable Accommodation Request** | ahfc_logo_large.jpg |
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| **A. Right to Reasonable Accommodation**  A reasonable accommodation is a change, exception, or adjustment to a housing program, service, or dwelling unit that allows a qualified person with a disability to:   1. participate fully in AHFC housing programs; 2. take advantage of services offered by AHFC; or 3. live in a dwelling unit.   You may request a reasonable accommodation any time you find it necessary.  **To show that a reasonable accommodation is necessary, the person requesting the accommodation must demonstrate that there is a relationship between the requested accommodation and the individual’s disability.**  To best serve you, AHFC has attached forms to help you make a written request. If you are unable to complete the form and wish to make your request orally, or need assistance with a written request, please contact your local AHFC office for assistance.  **B. Accommodations AHFC Cannot Make**  **1. Modifications that Result in an Undue Financial or Administrative Burden.**  AHFC cannot provide an accommodation if it results in a fundamental alteration in the way AHFC administers its housing programs. For example:   1. an action that substantially modifies or eliminates an essential lease provision; 2. an action that requires AHFC to provide a supportive service not otherwise offered to other tenants or program participants; |  |  | 1. an action that requires AHFC to offer housing that is fundamentally different in nature than that offered to other tenants; or 2. an action that would result in an undue financial or administrative burden.   **2. Alterations or Modifications to a Private Rental Unit or Landlord Practice.**  Applicants or participants in the Housing Choice Voucher program who require a physical alteration to a privately owned rental unit must direct their request to the landlord. AHFC cannot make, or force a landlord to make, an accommodation to a privately owned rental unit. The Fair Housing Law applies to all housing; however, in private leased housing the cost of any physical modification to the unit is typically the tenant’s responsibility.  **C. Accommodations AHFC Can Make in AHFC-Owned Rental Housing**  The following list contains some of the most common types of requests made by applicants or tenants residing in AHFC rental property. Please complete page 3 of this document if you wish to request an accommodation.  **1. A Modification in the Way AHFC Communicates with a Client**. This might include assistance in filling out forms, larger print size, or access to a translator for people with limited English proficiency.  **2. An Accessible Unit or Modification to a Unit.** A request for special features in a rental unit such as a wheelchair accessible unit or sight or sound accessible unit.  AHFC can provide a repair or modification to an apartment provided such alterations do not affect a structural change or impose an undue financial or administrative burden on AHFC. |

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| AHFC can provide a change or repair to a common area of the building or grounds provided such alterations do not affect a structural change or impose an undue financial or administrative burden on AHFC.  **3. Service Animal**. A request to house a service or companion animal.  **4. Additional Bedroom**. A request for an additional bedroom for a live-in aide or durable medical equipment.  **D. Accommodations AHFC Can Make under the Housing Choice Voucher Program**  The following list contains some of the most common types of requests made by applicants or participants in the Housing Choice Voucher program. Please complete page 4 of this document if you wish to request an accommodation.  **1. Maximum Shopping Time**. AHFC can offer the maximum 120 days of “shopping time” at the time of your voucher issuance for you to locate rental housing.  **2. Additional Subsidy**. AHFC can consider a request for an exception to the “subsidy standard” used to determine rental assistance. Families may request an additional bedroom to:   1. house a necessary live-in aide; 2. have large-size, prescribed medical apparatus directly related to a disability; or 3. accommodate the disability of a family member.   **3. Increase in Payment Standard**. Families may request an increase in the payment standard, if necessary to enable a family to select a unit that accommodates a permanent disability.  **4. Increase in Utility Allowance**. Families may request an increase in the utility allowance, if necessary to enable a family to select a unit that accommodates a permanent disability. |  |  | **E. Contact Information**  AHFC will respond to requests for reasonable accommodation within ten (10) business days. Under the Fair Housing Law, AHFC has the right to negotiate alternative means to address a request for reasonable accommodation. AHFC will contact the requestor if additional information is needed.  If you need additional information, or wish to discuss the outcome of a request for a reasonable accommodation, please contact the Public Housing Division 504/Fair Housing Coordinator at 338-6100 or 1-800-478-2432.  If you believe you are the victim of unlawful discrimination due to race, color, religion, sex, disability, familial status, or national origin, please contact:  U.S. Department of Housing & Urban Development  Office of Fair Housing & Equal Opportunity  Anchorage – (907) 677-9800  Toll Free – (800) 669-9777 |

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| **Reasonable Accommodation Request**  **AHFC-Owned Rental Housing** | ahfc_logo_large.jpg |
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I, or a family member, is a person with a disability, and I am an applicant for or a current resident in an AHFC-owned rental unit.

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| **1.** | **I am requesting a reasonable accommodation to address one of the following:** | | | | | | | | | |
|  |  | Rejection of my application for housing assistance. | | | | | | | | |
|  |  | A modification in the way AHFC communicates with me. | | | | | | | | |
|  |  | An accessible unit with the following features | | | | Wheelchair | | | | Sight/Sound |
|  |  | A modification to my existing AHFC unit or a common area on the property (describe in #2 below). | | | | | | | | |
|  |  | A service or companion animal. | | | | | | | | |
|  |  | An additional bedroom to house a live-in aide or durable medical equipment. | | | | | | | | |
|  |  | An increase in the utility allowance for specialized equipment. | | | | | | | | |
|  |  | An AHFC notice dated | | |  | | | | | |
|  |  | Other | |  | | | | | | |
|  |  |  | |  | | | | | | |
| **2.** | **I require this accommodation because (please state your reasons):** | | | | | | | | | |
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| **3.** | **You can verify the need for the accommodation requested by contacting:** | | | | | | | | | |
|  | Name | |  | | | |  | Phone |  | |
|  | Agency | |  | | | | | | | |
|  | Address | |  | | | | | | | |

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|  |  |  | | |
| Printed Name |  | Signature | | |
|  | | | | |
| Mailing Address | | | | |
|  | | | | |
| City, State, Zip | | | | |
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| Telephone | | |  | Date |

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| **Reasonable Accommodation Request**  **Housing Choice Voucher Program** | ahfc_logo_large.jpg |
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I, or a family member, is a person with a disability, and I am an applicant for or a current participant in the Housing Choice Voucher Program.

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| **1.** | **I am requesting a reasonable accommodation to address one of the following:** | | | | | | | | | | | |
|  |  | Rejection of my application for housing assistance. | | | | | | | | | | |
|  |  | A modification in the way AHFC communicates with me. | | | | | | | | | | |
|  |  | I need | |  | | additional days to shop for a unit. | | | | | | |
|  |  | A higher subsidy standard (an additional bedroom) to house a live-in aide or durable medical equipment. | | | | | | | | | | |
|  |  | An increase in the | | | payment standard | | | utility allowance | | | for a unit with specialized | |
|  |  | features or equipment (describe in #2 below). | | | | | | | | | | |
|  |  | An AHFC notice dated | | | | |  | | | | | |
|  |  | Other | |  | | | | | | | | |
|  |  |  | |  | | | | | | | | |
| **2.** | **I require this accommodation because (please state your reasons):** | | | | | | | | | | | |
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| **3.** | **You can verify the need for the accommodation requested by contacting:** | | | | | | | | | | | |
|  | Name | |  | | | | | |  | Phone | |  |
|  | Agency | |  | | | | | | | | | |
|  | Address | |  | | | | | | | | | |

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|  |  |  | | |
| Printed Name |  | Signature | | |
|  | | | | |
| Mailing Address | | | | |
|  | | | | |
| City, State, Zip | | | | |
|  | | |  |  |
| Telephone | | |  | Date |