

REASONABLE ACCOMMODATION

What is a reasonable accommodation?

A reasonable accommodation is a change, exception, or adjustment to a rule, policy, practice, or service that may be necessary for a person with a disability to have an equal opportunity to participate in and benefit from the Housing Choice Voucher Program.

Pursuant to the federal Fair Housing Act, the Americans with Disabilities Act (ADA), and the California Fair Employment and Housing Act, the City of Burbank Housing Authority is dedicated to providing any accommodation that is reasonably necessary to afford persons with qualified disabilities an equal opportunity to participate in the Housing Choice Voucher Program.

Persons with qualifying disabilities may request a reasonable accommodation and shall be referred to the City of Burbank ADA Coordinator to participate in an interactive process with the Burbank Housing Authority, to determine what reasonable accommodation(s) may be granted.

A request for a reasonable accommodation may be made at ANY time during the initial application process and throughout the tenancy.

A request for accommodation must be reasonable, i.e., does not pose an undue financial and administrative burden or require a fundamental change to the Housing Authority.

Who is eligible?

A reasonable accommodation will only be granted to individuals with a disability. A person with a disability is a person who:

- 1. has a physical or mental impairment that substantially limits one or more major life activities;
- 2. has a record of such impairment; or
- 3. is regarded as having any such impairment.

May I request more than one reasonable accommodation?

Yes, but remember that your need for the accommodation must be verified as necessary.

How do I submit my request?

If you or a member of your household who is currently a Housing Choice Voucher Program participant with the Burbank Housing Authority believes you have a disability and think you might

| ed and/or war ormation. | nt a reasonable | accommodation | n, please conta | ct your case ma | inager for further |
|----------------------------|-----------------|---------------|-----------------|-----------------|--------------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |