

**SC Regional Housing Authority No. 3's**  
**Reasonable Accommodation and Modification Policy**  
**2016**

South Carolina Regional Housing Authority No. 3 is an equal housing opportunity provider and does not discriminate against applicants and/or residents with disabilities. It is our policy to provide reasonable accommodations and/or modifications to applicants or residents who have a disability and because of that disability need a change or exception to our usual rules or policies or a structural modification to be able to fully use and enjoy their apartment and the apartment community. It is necessary to obtain documentation of the need for the requested accommodation or modification. **At your request**, we will provide you with a Reasonable Accommodation / Modification Request Form.

It is the policy of South Carolina Regional Housing Authority No. 3 pursuant to Section 504 of the Rehabilitation Act (if applicable) and the Federal Fair Housing Act to provide reasonable accommodations and modifications upon the request to all applicants, residents, and employees with disabilities.

South Carolina Regional Housing Authority No. 3 will seek to identify and eliminate situations or procedures which create a barrier to equal housing opportunity to all. In accordance with Section 504, reasonable accommodations will be made for individuals with handicaps or disabilities (applicants or residents). Such accommodations may include changes in the method of administering policies, procedures, or services.

In reaching a reasonable accommodation with, or performing structural modification for otherwise qualified individual with disabilities, South Carolina Regional Housing Authority No. 3 is not required to:

- a. Make structural alterations that require the removal or altering of a load-bearing structure,
- b. Provide support services that are not already part of its housing programs,
- c. Take any action that would result in an undue financial and administrative burden on the Housing Authority including structural impracticality as defined in the Uniform Federal Accessibility standards (UFAS).

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Resident's Signature

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Property Manager's Signature

If you would like to request a reasonable accommodation on behalf of yourself or a member of your household, please complete this form. You must date and sign your name at the bottom of this form and return the form to the property manager's office. If you need assistance in understanding whether you or a member of your household is a "qualified individual with a disability" or if you need assistance in completing this form, please contact your local property management office

1. I am requesting the following reasonable accommodation(s):

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2. I am requesting the reasonable accommodation(s) on behalf of: (name):

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3. My reason(s) for requesting this reasonable accommodation:

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4. A physician, licensed health care professional, professional representing a social service agency, disability agency or clinic may provide verification of your disability.

You may request a physical modification to your current unit or a transfer to a unit that has been previously modified [in your development or another development]. The Public Housing Authority will work with you to determine how to fulfill your reasonable accommodation request. The Public Housing Authority may require documentation to support your reasonable accommodation request(s). Please indicate which option you prefer:

- I wish to have modifications made to my current unit only
- I would consider moving to a unit that is currently modified, but only within my current development
- I would consider moving to a unit that is currently modified, even in another development

Date of Request

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Social Security Number

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Name of Applicant/Resident/Participant

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Telephone Number

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Address City/State/Zip Code

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