



Northeast Georgia Housing Authority

Serving

Clarkesville, Cleveland, Cornelia, Demorest, Helen, Homer, Toccoa

437 South Pond Street—P.O. Drawer J

Toccoa, Georgia 30577

TDD (706) 886-0318

(706) 886-9455 fax: 706-886-0268

negaha@negeorgiahousing.com

www.negahousingauthority.com

Reasonable Accommodation/Modification Request Packet

A reasonable accommodation is an exception or change that we make to rules, policies, services, or regulations that will assist a resident or applicant with a disability to take advantage of this housing program. A reasonable modification is a change to a physical or material aspect of the property or unit that will assist a resident to fully use and enjoy the premises. The accommodation or modification must be necessary for the individual with the disability to enjoy and/or fully use all services offered to other residents and/or the dwelling unit.

Northeast Georgia Housing Authority has incorporated the following policies that are available upon request. You will need to use these in order to request an accommodation/modification: Live-in Aide, Need for an Assistance Animal, Pet/Assistance Animal,

Reasonable accommodations and/or modifications can include, but are not limited to:

- A change in the rules or policies or how we do things that would make it easier for you to live here;
- Permitting a seeing-eye dog for a household in a community where pets are not allowed;
- Permitting an outside agency to assist a disabled resident to meet the terms of the lease;
- Permitting a live-in aide to live with a disabled resident who might need 24-hour assistance;
- A change in the way we communicate with you or give you information;
- A change or repair in your apartment or in a common area of the building that would make it easier for you to live here;
- Altering an apartment so that it can be used by a person in a wheelchair;
- Providing large print documents or reader for a person with a visual impairment

Note: The individual requesting a modification may be responsible for the costs incurred in providing a reasonable modification, if the cost will cause an undue financial burden on the project. The individual may also be responsible for costs incurred to restore the property back to original condition once the modification is no longer needed. Northeast Georgia Housing Authority may require a licensed contractor to make the modification and/or restoration.

A resident or applicant is entitled by law to a reasonable accommodation and/or modification when needed because of a disability. We will grant all requests that are needed due to a disability if the request is not unduly burdensome or a fundamental alteration of our housing program. If we deny a

request, we will give you the reasons in writing and provide an opportunity for you to appeal our decision, or to discuss alternative accommodations.

There must be a verifiable disability involved in order for a household to qualify for a reasonable accommodation and/or modification. We are required by law to keep all information about the disability confidential.

A person has a disability if he/she has a physical or mental impairment that substantially limits one or more major life activities (walking, talking, hearing, seeing, breathing, learning, performing manual tasks and caring for oneself), has a record of such impairment, or is regarded as having such impairment.

We will respond to all oral and written requests for reasonable accommodations, but using the attached forms will help us to better serve you:

For APPLICANT/TENANT to complete:

- Request for Reasonable Accommodation and/or Modification Form
- RAD MULTIFAMILY NEW PET POLICY EFFECTIVE MAY 1, 2022
- Assistance Animal Agreement 2022
- RAM Disability Form
- RAD Live in Aide

For the HEALTH CARE PROVIDER (such as a doctor, nurse, therapist, counselor or social worker):

Any of the forms listed above

For the APARTMENT MANAGER:

Approval or Denial of Request for Reasonable Accommodation and/or Modification

Request for Reasonable Accommodation and/or Modification

(to be completed by the resident or applicant)

If you, or a member of your household, has a disability and feel that there is a need for a reasonable accommodation or modification for you or your household member to have equal use and access to this community, please complete this form and return it to your Property Manager. Please provide detailed explanation of what you are requesting. Use the other side of this form if you need more space. If you cannot complete this form yourself, you may have someone assist you, or you may make a verbal request to your Property Manager and we will send you the necessary documents. We will answer your request within 10 business days. Please keep copies of all documents you submit to your Property Manager.

NAME: _____ DATE: _____

SIGNATURE: _____

CONTACT INFORMATION

PHONE: _____ ADDRESS: _____

EMAIL: _____

1) Name of the Individual who has a disability requiring the reasonable accommodation and/or modification:

2) I am requesting the following accommodation/modification:

3) The health care provider (such as a doctor, nurse, therapist, counselor or social worker) who can verify the disability and the need for this reasonable accommodation and/or modification is:

Agency Name: _____

Provider Name: _____

Phone Number: _____ Address: _____

FOR PROPERTY MANAGER'S USE ONLY – DO NOT WRITE IN THIS BOX

DATE REQUEST RECEIVED: _____ INITIAL: _____

DATE VERIFICATION SUBMITTED: _____ INITIAL: _____

DATE VERIFICATION RETURNED: _____ INITIAL: _____

DATE: _____

NAME: _____ RE: Reasonable Accommodation/Modification Request

ADDRESS: _____

On _____, you requested the following reasonable accommodation and/or
modification: _____

_____.

☐

We have approved your request.

☐

This change is effective immediately.

☐

This change will be effective _____.

☐

We must arrange for bids/installation. We anticipate completion by _____.

☐

We have denied your request because:

☐

You, or your household member, does not have a disability as defined by federal law and we are not required to provide the accommodation/modification you have requested.

☐

The accommodation/modification has been determined to be an undue financial burden to our operations. Under Section 504, you may still be able to receive the accommodation or modification, but you may have to pay for it yourself. Please contact us to discuss this option.

☐

The accommodation/modification would fundamentally change the nature of this housing program.

Our denial of this request is based on the following fact: _____

If you disagree with this decision, or if you have more information to provide to us, you may contact me at the address and/or phone number listed below.

Sincerely,

Director of Housing Management

Cashenna Roebuck
437 S. Pond Street or PO Drawer J
Toccoa, GA 30577
(706) 886-3455
Office Hours: Mon-Thur 7:30 am until 5:30 pm