



Re: Section 504 Reasonable Accommodations Request

Dear Applicant or Participant:

Are you or a member of your household an individual with a disability? A person with a disability refers to an individual who has 1) A physical or mental impairment that substantially limits one or more major life activity: caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, or working; 2). A record of such impairment; or 3) Is regarded as having such an impairment.

Do you or a member of your household require a reasonable accommodation due to your disability? Federal law, Section 504 of the Rehabilitation Act (1973), is there to protect your rights and to help you identify a reasonable, effective and appropriate accommodation. Richmond Redevelopment and Housing Authority (RRHA) will assist you in understanding your rights under this law as it pertains to Housing Choice Voucher Program applicants and participants.

If the above description applies to you RRHA asks that you complete the attached form and submit it to your Assisted Housing Specialist. If you would like to review a copy of RRHA's Reasonable Accommodations Policy and Procedures (601 1.2), it is available for your review at 918 and 901 Chamberlayne Parkway, or any other rental or administrative office listed on the attached list.

If you need help or have a question regarding this form or this process please contact RRHA's Housing Compliance Officer, Calandra Trotter, at (804)780-4276.

Sincerely,

Calandra M. Trotter

Calandra Trotter
Housing Compliance Officer



**SECTION 504
Request for Reasonable Accommodation**

RETURN THIS COMPLETED FORM TO YOUR
ASSISTED HOUSING SPECIALIST

Name: _____ Phone: _____

Address: _____ Zip Code: _____

Landlord Name: _____ Phone: _____

Participant's Signature

Date

- No one in my household has a disability. (I do not need to complete the rest of this form.)
- No one in my household is requesting a reasonable accommodation at this time.
- I need a reasonable accommodation at this time.

The following person(s) in my household has/have a disability and will require a reasonable accommodation:

use wheelchair use walker/crutches blind or vision impaired deaf or hard of hearing

other:

If you or a member of your household becomes disabled or needs an accommodation after you have submitted this form to your Assisted Housing Specialist, you may request and complete a form at any time.

If you need assistance understanding or completing this form, or if you have questions regarding the rights of individuals with disabilities, please contact your Assisted Housing Specialist.