



## APPENDIX 5



### APPROVAL OR DENIAL OF A REASONABLE ACCOMMODATION REQUEST

**[Insert property name in fillable area]**

Date of Response:

Dear \_\_\_\_\_ :

Address or Unit Number:

On \_\_\_\_\_ (date), you asked for the following Reasonable Accommodation [describe request]:

We are telling you that: (check all that apply):

#### OPTION 1: APPROVAL

(Check one of the following 2 boxes to show that the request was approved, or was approved with modifications. If approved with modifications, explain.)

- Your request is approved.
- The following Reasonable Accommodation is approved. (Describe if there has been an agreement with the requestor to provide a Reasonable Accommodation that differs from the original request).

(For approved requests, check one of the following 3 boxes and complete as needed.)

- The requested Reasonable Accommodation is effective immediately.
- The requested Reasonable Accommodation will be made by (date).
- We must arrange for installation or alterations, or we must order equipment. We expect the requested Reasonable Accommodation will be made by (date). We will let you know in writing if we find out that it will be delayed. If you have questions, or think this Reasonable Accommodation will not meet your needs or will take too long, contact the Property Management:

Name:

Title:

Telephone Number:

Email:

### **OPTION 2 - WE NEED ADDITIONAL INFORMATION:**

(Check and complete one of the following 2 boxes.)

- We do not have enough information to confirm your disability-related need for the requested accommodation. We are providing you with Appendix 4 – Additional Information for Request for Reasonable Accommodation. Please provide this information as soon as possible.
- We are following up because we have not received the information we asked you to provide in Appendix 4 - Additional Information for

Request for Reasonable Accommodation. Please provide the information as soon as possible so we can process your request.

### OPTION 3 – DENIAL

(Check and complete all that apply.)

- We denied your request. We denied it because:
- There is no disability-related need for the Reasonable Accommodation. Explain:
- It would pose an undue financial and administrative burden. Explain: (In such cases under Section 504, the provider is still required to provide any other reasonable accommodation up to the point that would not result in an undue financial and administrative burden on the particular recipient and/or constitute a fundamental alteration of the program. In addition to the statutory requirement to make reasonable accommodations under Section 504, HUD's Section 504 regulation provides for making "housing adjustments" at 24 C.F.R. § 8.33. The determination of undue financial and administrative burden must be made on a case-by-case basis involving various factors, such as the cost of the requested accommodation, the financial resources of the provider, the benefits that the accommodation would provide to the requester, and the availability of alternative accommodations that would effectively meet the requester's disability-related needs.)
- It would fundamentally alter the essential nature of the program, service, or activity Explain:

- Because your request was either an undue financial and administrative burden or a fundamental alteration, we met with you, conducted an interactive process, and offered you a different option, but you did not accept it. The option we offered you was (describe offer and interactive process):

While we have either denied this specific request or you have refused to accept the alternative accommodation identified above, we will continue to work with you to provide any other Reasonable Accommodations that you may require, would accept, and does not result in a fundamental alteration or undue financial and administrative burden.

(Senior Property Management signature required for denial of request.)

Sincerely,

Date:

Signature:

Print Name:

Title:

Address:

Phone Number:

Email:

**Tenant's signature (optional)**

You received this completed form on: \_\_\_\_\_ (date)

Your Signature: \_\_\_\_\_

**Note to property management:** Reasonable Accommodation requests must be evaluated on an individualized, case-by-case basis. When a requested accommodation presents an undue financial and administrative burden or a fundamental alteration, property managers must engage in an interactive process to find a solution. Housing providers are encouraged to be creative and entertain out of the box ideas. Individuals with disabilities are generally in the best position to know how best to accommodate their disability-related needs.

**See Tenant Handbook Sections 3.14 and 3.18 for More Information**



## YOUR RIGHTS IF YOU DO NOT AGREE WITH THE DECISION

If you disagree with this decision or have more information to give us, you may contact the Property Management to discuss it:

Name:

Title:

Telephone Number:

Email:

Or you may file a grievance which will allow you to meet with a manager who was not involved in this decision so that they can review it. **The [insert property name] Grievance Procedures are attached.** They explain the time deadlines, if any, and process for requesting a meeting with a manager. They also explain how you can see and copy your file and any records related to this decision.

Please ask us if you need any reasonable accommodations or auxiliary aids in order to file a grievance.

You may also file a grievance with the HCIDLA Accessible Housing Program by filling out the form at [www.accesshousingla.org](http://www.accesshousingla.org), sending an email to [hcidla.achp@lacity.org](mailto:hcidla.achp@lacity.org), calling (213) 808-8550, or sending a letter to the City of Los Angeles's Housing and Community Investment Department at the address below:

Accessible Housing Program, HCIDLA

Attention: Grievance

221 N. Figueroa St., Suite 1400, Los Angeles, CA 90012

You may also file a fair housing complaint with the United States Department of Housing and Urban Development (HUD) by contacting HUD's Office of Fair Housing and Equal Opportunity at (800) 669-9777 or visiting [How to File a Complaint](#) on HUD's Website or with the California Department of Fair Employment and Housing.

You can also seek assistance at the organizations listed below, or other organizations listed on the Tenant Housing Resource List for Individuals with Disabilities. Most sites in the City of Los Angeles will be served by one of each of the following (see websites or resource list for current service areas, location, and contact information). You do not have to file a grievance before taking other action. You can do those things at the same time.

## Legal Services Agencies

Disability Rights California  
[www.disabilityrightsca.org](http://www.disabilityrightsca.org) 800-776-5746  
800-719-5798 (TTY)

Legal Aid Foundation of Los Angeles  
<https://lafla.org> 800-399-4529

Neighborhood Legal Services of Los Angeles County  
<http://www.nlsla.org> 800-433-6251

## Fair Housing Organizations

Housing Rights Center  
<http://www.hrc-la.org/> 800-488-2977

Fair Housing Council/San Fernando Valley  
<http://www.fhcsfv.com/> 818-373-1185

## Independent Living Centers

Communities Actively Living Independent and Free  
<http://califilc1.wixsite.com/califnew>  
213-627-0477 213-623-9501 (TTD/TTY)

Independent Living Center of Southern California  
<http://ilcsc.org/>

800-524-5272

818-785-7097 (TTD/TTY)

Disability Community Resource Center

<https://www.dcrc.co/>

888-851-9245

