

INCOME: Report all gross income of all family members such as employment (including tips and commissions), state assistance, unemployment, alimony, child support, G.I. death benefits, Social Security, S.S.I., pension or from any other source.

Household Member	<u>EMPLOYMENT</u> HOURLY WAGE	<u>INFORMATION</u> WEEKLY HOURS	Other Source of Income (State Assistance, SSI, Soc. Sec., Child Support, etc.)	Gross Monthly Amount

ASSETS:

Do you or any household member currently own or have any interest in real estate, boat, and/or mobile home?

Yes No

Do you currently own or have you sold any real estate in the last two years?

Yes No If yes, explain _____

Do you own any stocks or bonds? Yes No If yes, explain _____

Do you have any savings accounts? Yes No If yes, average balance _____

DISABILITIES

The following information will help DCHA determine your household needs, but it is not mandatory for you to answer these questions.

Is any household member Elderly Disabled If so, who? _____

Does anyone in your household require a reasonable accommodation? Yes No If yes, what reasonable accommodation will be required? _____

Does your household require an accessible unit? If so, what type? mobility vision hearing other

RACE/ETHNICITY (This information is required by H.U.D.)

Do you consider yourself to be: (check all that apply) White Black or African American American Indian or Alaskan Native Asian Pacific Islander or Native Hawaiian Other

Do you consider yourself to be: (check one) Hispanic Non Hispanic

PREVIOUS SUBSIDY

Are you currently receiving assistance under any Davis Community Housing Authority Program? Yes No

If yes, where? _____

Have you been on subsidized housing before? Yes No If yes, Agency/Year? _____

CRIMINAL

Have you or any of your household members ever been CONVICTED of a FELONY or MISDEMEANOR?

Yes No If yes, list Offense, Date, and Location _____

Have your or any of your household members ever been CONVICTED of sale, distribution, and/or possession of illegal drugs? Yes No

Are you or any member of your household pending Court Action for Any Type of Offence? Yes No
If yes, where? _____

OTHER

I hereby certify the above information is correct and complete to the best of my knowledge and may be used for purpose of verification. I understand this application is not a contract and does not bind either party. I understand false information will constitute grounds for disqualification of this application or my lease if I should be housed

PLEASE SIGN AND DATE: Signature of Head of Household: _____

Date: _____

WARNING: Section 1001 of the Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentation to any department or agency of the U.S. as to any matter within its jurisdiction.

IMPORTANT: Please notify DCHA of the following changes:

- Change of Address
- Change in number of family members who live with you
- Change of family income
- Change your mind about wanting Housing Assistance

APPLICANTS WILL BE NOTIFIED BY MAIL AS THEY NEAR THE TOP OF THE WAITING LIST. IT IS IMPERATIVE THAT WE HAVE A CURRENT MAILING ADDRESS AT ALL TIMES.

NON-DISCRIMINATION POLICY: Davis Community Housing Authority complies with Section 504 of the Rehabilitation Act of 1973 in providing individuals with a disability equal access to the services, programs and activities the Housing Authority offers. Upon request, the Housing Authority will verify the need for and provide a reasonable accommodation to individuals with disabilities.

All persons will be treated fairly and equally without regard to race, color, religion, sex, familial status, disability, national origin, or source of income in compliance with the Fair Housing Act.

ALL CLIENTS 18 YEARS OR OLDER MUST FILL OUT INFORMATION BELOW

PRINT NAME	DRIVER LICENSE/ STATE ID. #	STATE OF ISSUE	BACKGROUND CHECK (FOR OFFICE USE ONLY)

- **Only completed application will be accepted for processing**
- **Please mail or return applications in person DO NOT FAX**
- **A Receipt letter will be sent after application is processed**



Davis Community Housing Authority

Telephones
North: (801) 546-6142 South: (801) 451-2587
FAX: (801) 451-6484
E-Mail: dcha@xmission.com

Declaration of U.S. Citizenship or Non-Citizen with Eligible Immigration Status

In accordance with the Department of Housing and Urban Development (HUD) every applicant/participant must complete the following for all family household members.

- (A). United States Citizen(s)
- (B). Non-Citizen with Eligible Immigration Status
- (C). Non-Citizen without Eligible Immigration Status

Please list below every person living in the household (PLEASE PRINT).

Designate citizenship status as defined above.

Applicant Information (PLEASE PRINT).

Name	Sex	Age	Relationship	A	B	C	Signature of Head of Household
Head of Household				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Spouse				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Child				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Child				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Child				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Child				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Child				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Child				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Child				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Additional Household Member				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Additional Household Member				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

I declare under penalty or perjury that I or we are giving true and accurate information on every member of our household concerning whether he or she is a U.S. citizen, noncitizen with eligible immigration status or noncitizen without eligible immigration status.

Signature, head of household

Date

Signature, spouse/co-head of household

Date

Signature, additional household member

Date

WARNING! Title 18, Section 1001 of the United States Code, states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department or agency of the United States.

352 South 200 West, Suite #1 • P.O. Box 328 • Farmington, Utah 84025



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If “B” (Non-Citizen with Eligible Immigration Status) is checked by any member of the household, they are responsible for providing Davis Community Housing Authority with one **original** of any of the following documents:

1. Form I-551 – Alien Registration Receipt Card (for permanent resident aliens)
2. Form I-94 – Arrival-Departure Record, with one of the following annotations:
 - a. Admitted as Refugee Pursuant to Section 207
 - b. Section 208 or Asylum
 - c. Section 243 (h) or Deportation Stayed by Attorney General
 - d. Paroled Pursuant to Section 212 (d)(5) of the I.N.A.
3. If Form I-94 – Arrival-Departure Record is not annotated, then accompanied by one of the following documents:
 - a. Final court decision granting Asylum
 - b. Letter from I.N.S. Asylum Officer granting Asylum
 - c. Court decision granting withholding of deportation, or
 - d. A letter from I.N.S. Asylum Officer granting withholding of deportation
4. Form I-688 – Temporary Resident Card, which must be annotated “Section 245A” or “Section 210”
5. Form I-688B – Employment Authorization Card, which must be annotated “Provision of Law 274a.12(11)” or “Provision of Law 274a.12”
6. A receipt issued by the I.N.S indicating that an application for issuance of replacement document in one of the above listed categories has been made and applicant’s entitlement to document has been verified; or
7. Other acceptable evidence – documents determined acceptable by I.N.S.

Authorization for the Release of Information/ Privacy Act Notice

to the U.S. Department of Housing and Urban Development (HUD)
and the Housing Agency/Authority (HA)

U.S. Department of Housing
and Urban Development
Office of Public and Indian Housing

PHA requesting release of information: **(Cross out space if none)**
(Full address, name of contact person, and date)

Davis Community Housing Authority
P.O. Box 328
Farmington, Utah 84025

IHA requesting release of information: **(Cross out space if none)**
(Full address, name of contact person, and date)

Authority: Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544.

This law requires that you sign a consent form authorizing: (1) HUD and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service. The law also requires independent verification of income information. Therefore, HUD or the HA may request information from financial institutions to verify your eligibility and level of benefits.

Purpose: In signing this consent form, you are authorizing HUD and the above-named HA to request income information from the sources listed on the form. HUD and the HA need this information to verify your household's income, in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD and the HA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

Uses of Information to be Obtained: HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to HAs for the purpose of determining housing assistance. The HA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form. **Private owners may not request or receive information authorized by this form.**

Who Must Sign the Consent Form: Each member of your household who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the household or whenever members of the household become 18 years of age.

Persons who apply for or receive assistance under the following programs are required to sign this consent form:

- PHA-owned rental public housing
- Turnkey III Homeownership Opportunities
- Mutual Help Homeownership Opportunity
- Section 23 and 19(c) leased housing
- Section 23 Housing Assistance Payments
- HA-owned rental Indian housing
- Section 8 Rental Certificate
- Section 8 Rental Voucher
- Section 8 Moderate Rehabilitation

Failure to Sign Consent Form: Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termination of benefits is subject to the HA's grievance procedures and Section 8 informal hearing procedures.

Sources of Information To Be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received during period(s) within the last 5 years when I have received assisted housing benefits.)

U.S. Social Security Administration (HUD only) (This consent is limited to the wage and self employment information and payments of retirement income as referenced at Section 6103(I)(7)(A) of the Internal Revenue Code.)

U.S. Internal Revenue Service (HUD only) (This consent is limited to unearned income [i.e., interest and dividends].)

Information may also be obtained directly from: (a) current and former employers concerning salary and wages and (b) financial institutions concerning unearned income (i.e., interest and dividends). I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information regarding any period(s) within the last 5 years when I have received assisted housing benefits.

Consent: I consent to allow HUD or the HA to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that HAs that receive income information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest those determinations.

This consent form expires 15 months after signed.

Signatures:

_____	_____		
Head of Household	Date		
_____		_____	_____
Social Security Number (if any) of Head of Household		Other Family Member over age 18	Date
_____	_____	_____	_____
Spouse	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Other Family Member over age 18	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Other Family Member over age 18	Date	Other Family Member over age 18	Date

Privacy Act Notice. Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the Social Security Number of each household member who is six years old or older. Purpose: Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. Other Uses: HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government's financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Penalty: You must provide all of the information requested by the HA, including all Social Security Numbers you, and all other household members age six years and older, have and use. Giving the Social Security Numbers of all household members six years of age and older is mandatory, and not providing the Social Security Numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

Penalties for Misusing this Consent:

HUD, the HA and any owner (or any employee of HUD, the HA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form.

Use of the information collected based on the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000.

Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the HA or the owner responsible for the unauthorized disclosure or improper use.

DAVIS COMMUNITY HOUSING AUTHORITY
SECTION 504 NOTICE

Davis Community Housing Authority complies with Section 504 of the Rehabilitation Act of 1973 in providing persons with a disability equal access to the services, programs, employment, and any other activities the Housing Authority offers. Upon request, the Davis Community Housing Authority will provide reasonable accommodation to individuals with disabilities.

Davis Community Housing Authority has designated the following person to coordinate efforts to comply with this requirement:

Name: Jan Winborg, Section 504 Coordinator
Office: Davis Community Housing Authority
352 South 200 West, Suite #1
P.O. Box 328
Farmington, UT 84025
Telephone: (801) 939-9200
Utah Relay Service: 711
Fax: (801) 451-6484

Office Hours: Monday – Friday, 8:30 a.m. – 5:00 p.m.

All persons will be treated fairly and equally without regard to race, color, religion, sex, familial status, disability, national origin, or source of income, in compliance with the Federal and State Fair Housing Laws.

Davis Community Housing Authority does not discriminate in admission or access to, or treatment or employment in, its federally assisted programs and activities.

April, 2008

DAVIS COMMUNITY HOUSING AUTHORITY

REASONABLE ACCOMMODATION POLICY AND PROCEDURES

Policy Statement

Davis Community Housing Authority (DCHA) is committed to ensuring that its policies and procedures do not deny individuals with disabilities the equal opportunity to participate in, or benefit from, nor otherwise discriminate against individuals with disabilities, on the basis of disability, in connection with the operations of DCHA's programs, services and activities. Therefore, if an individual with a disability requires an accommodation, such as an accessible feature or modification to a DCHA policy, DCHA will provide such an accommodation unless doing so would result in a fundamental alteration in the nature of the program or an undue financial and administrative burden. In such a case, the DCHA will make another accommodation that would not result in a financial and administrative burden, with the concurrence of the individual requesting the reasonable accommodation.

A Reasonable Accommodation is a change, modification, alteration or adaptation in policy, procedure, practice, program, or facility that provides a qualified individual with a disability the equal opportunity for full use and enjoyment in the participation in and use of the programs, services and activities provided by DCHA.

DCHA will post a copy of this Reasonable Accommodation Policy and Procedures in its main administrative office located at 352 South 200 West, Suite #1, Farmington, Utah, 84025, and in the office, lobby or other common area at each development where there is a common area to do so. A copy of the Reasonable Accommodation Policy and Procedures will be distributed to each applicant/participant during the application and lease-up process, as well as at each annual recertification. Individuals may also obtain a copy of the Reasonable Accommodation Policy and Procedures, upon request, from the DCHA's Section 504 Coordinator.

Legal Authority

The DCHA is subject to Federal Civil Rights Laws and Regulations. This Reasonable Accommodation Policy is based on the following statutes or regulations:

- 1) Section 504 of the Rehabilitation Act of 1973 (Section 504) (29 U.S.C. §794; 24 C.F.R. Part 8.)
- 2) Title II of the Americans with Disabilities Act of 1990 (ADA) (42 U.S.C. §§ 12101 et seq.);
- 3) The Fair Housing Act of 1968, as amended (Fair Housing Act) (42 U.S.C. §§ 3601-20; 24 C.F.R. Part 100); and
- 4) The Architectural Barriers Act of 1968 (42 U.S.C. §§ 4151-4157).

Monitoring and Enforcement

The DCHA's Section 504 Coordinator is responsible for monitoring DCHA's compliance with the Policy. Individuals who have questions regarding this Policy, its interpretation or implementation, should contact DCHA's Section 504 Coordinator in writing, by telephone, or by appointment, as follows:

Jan Winborg, Section 504 Coordinator
Davis Community Housing Authority
352 South 200 West, Suite #1
P.O. Box 328
Farmington, UT 84025
Telephone #: (801) 939-9200
Fax #: (801) 451-6484
State Relay Service #: 711

Staff Training

The Section 504 Coordinator will ensure that all appropriate DCHA staff receives annual training on the Reasonable Accommodation Policy and Procedures, including all applicable Federal, State and Local requirements regarding reasonable accommodation.

Reasonable Accommodation

A person with a disability may request a reasonable accommodation at any time during the application process, residency in Public Housing, or participation in the Housing Choice Voucher Program, or any other program offered by DCHA. The individual, DCHA staff or any person identified by the individual, must reduce all requests to writing.

Reasonable Accommodation methods or actions that may be appropriate for a particular program and individual may be found to be inappropriate for another program or individual. The decision to approve or deny a request for reasonable accommodation is made on a case-by-case basis and takes into consideration the disability and the needs of the individual as well as the nature of the program or activity in which the individual seeks to participate.

Application of Reasonable Accommodation Policy

The Reasonable Accommodation Policy applies to individuals with disabilities in the following programs provided by the DCHA:

- (a) Applicants of Public Housing, Section 8 Project-based programs, Section 8 Housing Choice Voucher, other Section 8 Tenant-based programs;
- (b) Residents of all Public Housing developments; Residents of Rosewood Villa (Section 8 Project-based);
- (c) Participants of Section 8 Housing Choice Voucher and any other Section 8 Tenant-based programs; and
- (d) Participants in all other programs or activities receiving Federal financial assistance that are conducted or sponsored by the DCHA, its agents or contractors, including all non-housing facilities and common areas owned or operated by the DCHA.

Person with a Disability

A person with a disability means (1) an individual with a physical or mental impairment that substantially limits one or more major life activities; (2) an individual who is regarded as having such and impairment; and (3) an individual with a record of such an impairment.

As used in this definition, the phrase “**physical or mental impairment**” includes, but is not limited to, conditions such as visual or hearing impairment, mobility impairment, HIV infection, mental retardation, drug addiction (except current illegal use of or addition to drugs), or mental illness. The term “**major life activity**” may include seeing, hearing, walking, breathing, performing manual tasks, caring for one’s self, learning, speaking or working.

The definition of disability does not include any individual who is a current user of illegal drugs or alcohol, which prevents the individual from participating in the Public Housing program or activities; or whose participation in, by reason of such current use, would constitute a direct threat to property or the safety of others. However, an individual who has completed a rehabilitation program for drug and/or alcohol abuse is considered a person with a disability.

Examples of Reasonable Accommodations

Examples of Reasonable Accommodations may include, but are not limited to:

- (a) Making a unit, part of a unit, or public and common use element accessible for a household member with a disability who is on the Lease;
- (b) Permitting a family to have a service or assistance animal necessary to assist a family member with a disability;
- (c) Allowing a live-in aid to reside in an appropriately sized unit;
- (d) Transferring a Resident to a larger size unit to provide a separate bedroom for a person with a disability;
- (e) Transferring a Resident to a unit on a lower level or a unit that is completely on one level;
- (f) Making documents available in large type, computer disc or Braille;
- (g) Providing qualified sign language interpreters for applicant or Resident meetings with DCHA staff, or at Resident meetings;
- (h) Installing strobe type flashing lights and other such equipment for a family member with a hearing impairment;
- (i) Permitting an outside agency or family member to assist a Resident or an applicant in meeting screening criteria or meeting essential Lease obligations;
- (j) Permitting requests for extensions of Housing Choice Vouchers if there is a difficulty in locating a unit with suitable accessible features or otherwise appropriate for the family; and
- (k) As a reasonable accommodation for a family member with a disability, approving a request for exception payment standard amounts under the Housing Choice Voucher Program in accordance with 24 C.F.R. §§ 8.28 and 982.504 (b)(2).

Processing of Reasonable Accommodation Requests

The DCHA will provide the “Request for Reasonable Accommodation and Authorization for Release of Information”, (Request Form), attached hereto, to all applicants, Residents, or individuals with disabilities who request a reasonable accommodation. The Request Form is used to request any type of reasonable accommodation, i.e. unit transfer, assistive animal, unit or policy modification. The Request Form and any subsequent communication and/or notification will be provided in an alternative format, upon request.

Individuals may submit their reasonable accommodation request(s) in writing, orally, or by any other equally effective means of communication. However, the DCHA will ensure that all

reasonable accommodation requests will be reduced to writing. If needed as a reasonable accommodation, the DCHA will assist the individual in completing the Request Form.

- (a) The DCHA will provide all applicants with the Request Form as an attachment to the DCHA application.
- (b) Reasonable Accommodations will be made for applicants during the application process. All applications will be taken in an accessible location. Applications will be made available in accessible formats. DCHA will provide applicants with appropriate auxiliary aids and services, including qualified sign language interpreters and readers, upon request.
- (c) DCHA will provide all Residents with the Request Form during the Lease signing appointment, at the annual recertification, and upon request.
- (d) Residents seeking accommodation(s) may contact the property's on-site manager (if applicable), or the Property Management staff at DCHA's main office. Residents may also contact the Section 504 Coordinator's office directly to request the accommodation(s).
- (e) Within seven (7) business days of receipt, all requests for reasonable accommodation will be forwarded to the Section 504 Coordinator.
- (f) Within twenty (20) business days of receipt, the Section 504 Coordinator will respond to the Residents request.
- (g) If additional information or documentation is required, the Section 504 Coordinator's office will notify the Resident, in writing, of the need for the additional information or documentation. The written notification to the Resident will specify a date for submission of the outstanding information or documentation.
- (h) Within thirty (30) business days of receipt of the request and all supporting documentation, DCHA will provide written notification to the Resident of its decision to approve or deny the Resident's request(s). A copy of the "Letter Denying Request for Reasonable Accommodation(s)" and "Letter Approving Reasonable Accommodation(s)" are attached.
- (i) If DCHA approves the accommodation request(s), the Resident will be notified of the projected date for implementation.
- (j) If the accommodation is denied, the Resident will be notified of the reasons for denial. In addition, the notification of denial will also provide the Resident with information regarding DCHA's HUD-approved Grievance Procedures.
- (k) All recommendations that have been approved by the Section 504 Coordinator will be forwarded to the appropriate personnel for implementation.

Verification of Reasonable Accommodation Request

DCHA may request documentation of the need for a Reasonable Accommodation as identified on the Request for Reasonable Accommodation form. In addition, DCHA may request that the individual provide suggested alternative reasonable accommodations.

The DCHA may verify a person's disability only to the extent necessary to ensure that individuals who have requested a reasonable accommodation have a disability-based need for the requested accommodation.

However, the DCHA may not require individuals to disclose confidential medical records in order to verify a disability. In addition, the DCHA may not require specific details regarding the individual's disability. The DCHA may only request documentation to confirm the disability-related need(s) for the requested reasonable accommodation(s). The DCHA may not require the individual to disclose the specific disability(ies), or the nature or extent of the individual's disability(ies).

The following, or other qualified providers, may provide verification of a Resident's disability and the need for the requested accommodation(s):

- (a) Physician;
- (b) Licensed health professional;
- (c) Professional representing a social service agency; or
- (d) Disability agency or clinic.

Upon receipt, the On-site Manager or Property Management staff will forward the recommendation, including all supporting documentation, to the DCHA's Section 504 Coordinator within (7) days of receipt.

Denial of Reasonable Accommodation Request(s)

Requested accommodations will not be approved if one of the following would occur as a result:

- (a) A violation of State, Local and/or Federal Law;
- (b) A fundamental alteration in the nature of the DCHA programs;
- (c) An undue financial and administrative burden on DCHA;
- (d) A structurally infeasible alteration; or
- (e) An alteration requiring the removal or alteration of a load-bearing structural member.

Transfer as a Reasonable Accommodation

DCHA shall not require a Resident with a disability to accept a transfer in lieu of providing a reasonable accommodation. However, if a Public Housing Resident with a disability requests dwelling unit modifications that involve structural changes, including, but not limited to widening entrances, rooms, or hallways, and there is a vacant, comparable, appropriately sized UFAS-compliant unit in that Resident's project or an adjacent project, DCHA may offer to transfer the Resident to the vacant unit in his/her project or adjacent project in lieu of providing structural modifications. However, if the Resident rejects the proffered transfer or voucher, DCHA shall make modifications to the Resident's unit unless doing so would be structurally impracticable or would result in an undue financial and administrative burden.

If the Resident accepts the transfer, DCHA will work with the Resident to obtain moving expenses from social service agencies or other similar sources. If that effort to obtain moving expenses is unsuccessful within thirty (30) days of the assignment of the dwelling unit, DCHA shall pay the reasonable moving expenses, including utilities fees and deposits. Nothing contained in this paragraph is intended to modify the terms of DCHA's Admissions and Continued Occupancy Plan or Tenant Selection Plan, and any Resident's rights thereunder.

Assistance Animals

Residents of DCHA with disabilities are permitted to have assistance animals, if such animals are necessary as a reasonable accommodation for their disabilities. DCHA Residents or potential Residents who need an assistance animal as a reasonable accommodation must request the accommodation in accordance with the Reasonable Accommodation Policy. Assistance animals are not subject to the requirements of the DCHA's Pet Policy, but rather are subject to the DCHA's Assistance Animal Policy.

Right to Appeal/Grievance Process

- 1) The Public Housing Resident may file a complaint in accordance with DCHA's HUD-approved Grievance Procedure following a formal determination by the DCHA's 504 Coordinator.
- 2) The Housing Choice Voucher Program participant may file a complaint in accordance with DCHA'S HUD-Approved Grievance Procedure following a formal determination by the DCHA's Section 504 Coordinator.
- 3) A Public Housing or Housing Choice Voucher applicant may request an informal hearing or meeting to request consideration.
- 4) A Resident may, at any time, exercise their right to appeal a DCHA decision through the local HUD office or the U.S. Department of Justice. Individuals may contact the local HUD office at:

U.S. Department of Housing and Urban Development
1670 Broadway, 22nd Floor, Denver, CO 80202
Telephone: 1-800-877-7353 Fax: 303-672-5026 TTY: 303-672-5248

DCHA 's Non-Discrimination Policy: The Davis Community Housing Authority complies with Section 504 of the Rehabilitation Act of 1973 in providing individuals with disabilities equal access to the services, programs, and activities the DCHA offers. Upon request, the DCHA will verify the need for and provide reasonable accommodations to individuals with disabilities.

All persons will be treated fairly and equally without regard to race, color, religion, sex , familial status, disability, national origin, or source of income, in compliance with the Federal and State Fair Housing Acts.



Davis Community Housing Authority

Telephones
North: (801) 546-6142 South: (801) 451-2587
FAX: (801) 451-6484
E-Mail: dcha@xmission.com
State Relay Service # 711

REQUEST FOR REASONABLE ACCOMMODATION AND AUTHORIZATION FOR RELEASE OF INFORMATION

Re: _____
Name of Applicant / Resident

Social Security Number

Street Address

Telephone Number

City, State and Zip Code

I authorize the release of information, relative to my disability, to verify the need for the Reasonable Accommodation I have requested, to the Davis Community Housing Authority.

Applicant / Resident Signature

Date

1. Please indicate the name of the **disabled household member** who is requesting the accommodation:

2. Please describe the Reasonable Accommodation you are requesting:

3. Please explain how this accommodation will provide you with an equal opportunity for full use and enjoyment in the participation in and use of our housing program(s), your unit, and/or common areas:



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**Request for Reasonable Accommodation
and Authorization for Release of Information**
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4. Please provide the name, address, and telephone/fax numbers of a physician, licensed health care professional, professional representing a social service agency, or disability agency or clinic that can verify the need for this Reasonable Accommodation as it relates to your disability.

Name of Provider / Agency

Telephone Number

Street Address

Fax Number (if available)

City, State and Zip Code

If you need assistance with the form or have any additional questions, please contact Davis Community Housing Authority at (801) 451-2587. Please return the completed and signed form to:

Section 504 Coordinator
Davis Community Housing Authority
352 So. 200 W., Suite #1
P.O. Box 328
Farmington, UT 84025

Non-Discrimination Policy: The Davis Community Housing Authority complies with Section 504 of the Rehabilitation Act of 1973 in providing individuals with disabilities equal access to the services, programs, and activities the DCHA offers. Upon request, the DCHA will verify the need for and provide reasonable accommodations to individuals with disabilities.

All persons will be treated fairly and equally without regard to race, color, religion, sex, familial status, disability, national origin, or source of income in compliance with the Federal and State Fair Housing Acts.

Note: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make any willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.