

**Reasonable Accommodation/Structural Modification  
Determination Notice**

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For Residents, CHA Property Name and Address or Current Address for Applicants:

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Applicant/Resident's Name (include Client #, if applicable):

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Applicant/Resident's Address (Apt. #):

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Summarize Accommodation/Modification Requested:

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**A determination has been made regarding your request for a reasonable accommodation/structural modification.**

**The request was APPROVED because the knowledgeable professional you had us contact confirmed that you meet the definition of disability and the change you requested is as a direct result of your disability.**

The named property agrees to make the reasonable accommodation/structural modification(s) described below, to enable the named applicant/resident an equal opportunity to reside in a public housing unit. It is not a lease addendum and shall not be enforced as a pre-condition for a continued occupancy.

Description of Accommodation/Modification:

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- The request was DENIED because:
- The knowledgeable professional you had us contact certified that your disability does not meet the definition of disability.
  - The knowledgeable professional you had us contact certified that you do not need the change requested as a direct result of your disability.
  - Your request would pose a fundamental alteration in the nature of the CHA's housing program.
  - Your request would pose an undue financial and administrative burden to the CHA.

**\*\*For Applicants Only**—If you disagree with this determination, you may request a hearing verbally or in writing with the Occupancy Department within 30 calendar days of receiving this notification of ineligibility. If you do not request a hearing within 30 days of receiving the ineligibility notice, the decision will not be reconsidered.

**\*\*For Residents Only**—If you disagree with this determination and choose to file a grievance, you must begin the grievance process within 30 days, either verbally or in writing, by completing an informal hearing request, with the property manager upon notification of ineligibility. Refer to the CHA Resident's Grievance Procedure for more information. If you do not file a grievance within 30 days of receiving the ineligibility notice, the decision will not be reconsidered.

For approvals, staff will review how and when your request will be made.

This form was completed by:

Print Name:

Signature:

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\_\_\_\_\_

Job Title:

Date:

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***A copy of this determination must be sent to the CHA's ADA/504 Compliance Coordinator and the Asset Manager***

***If the determination was a denial, a copy of this determination must be sent to the Occupancy Department.***