NOTICE TO APPLICANTS/PARTICIPANTS WITH DISABILITIES REGARDING REASONABLE ACCOMMODATION

The Norfolk Redevelopment and Housing Authority (NRHA) is committed to providing reasonable accommodations to individuals with disabilities so they may fully participate in and benefit from NRHA housing programs.

Requested accommodations must be reasonable. An accommodation is not considered reasonable if it would impose an undue financial or administrative burden or would fundamentally alter the nature of NRHA programs or services.

NRHA provides reasonable accommodation request forms to assist participants. If you do not use these forms, NRHA will still review and respond to your request made via email, phone, or other means of communication. Requests for reasonable accommodations are evaluated on a case-by-case basis. Individuals with the same disability may not need or want the same accommodation.

When you request a reasonable accommodation, NRHA may request reliable documentation, excluding medical records, confirming that you have a disability, and that the requested accommodation is related to that disability. NRHA will not inquire into the nature or severity of your disability except as it directly relates to the accommodation request. The type of documentation required will depend on the circumstances. Verification may be provided by a knowledgeable third party on NRHA forms or through a separate written statement. A signed release of information may help clarify your needs but is not required.

You may request assistance with completing accommodation forms or request that the information be provided in an equally effective format or method of communication.

NRHA makes every effort to issue a written decision as promptly as possible, generally within seven (7) calendar days of receiving all required information. If you have questions or need additional information about reasonable accommodations, you may contact the 504/ADA Coordinator Aisha Allen by phone: 757-314-2009, TDD: 800-545-1833, or email: ReasonableAccommodation@nrha.us.

Reasonable accommodation request forms and related information are available through NRHA. Completed forms online can be emailed to ReasonableAccommodation@nrha.us or submitted in-person to your property management office or case worker staff.

Need to File a Discrimination Complaint?
Contact the Office of Fair Housing and Equal Opportunity at Phone: 800-669-9777

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REQUEST FOR A REASONABLE ACCOMMODATION

Applicant Name:_____ Phone:_____

Address:_____

Email:_____

Please describe the accommodation you are requesting:

_____

_____

_____

This request relates to:

☐ Live-In Aide (see Live-in Aide Agreement) ☐ Support Animal (see Pet Policy)

☐ Accessible Unit Features ☐ Communication Aids or Services

☐ Other (specify): _____

The following information is necessary to process your Reasonable Accommodation Request.

1. What bedroom size unit are you currently in?

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

2. What bedroom size unit will you need if your request is approved?

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

3. Will you need an accessible unit? ☐ Yes ☐ No

4. If yes, select the type(s) needed:

☐ Wheelchair accessible ☐ Hearing/Visual accessible
☐ Unit on one level ☐ Bedroom/Bathroom on one level

5. What community do you prefer to move into?

❑ I prefer to stay in my current community of (name) _____

❑ I prefer to move into another community.

Please select which community(s) you wish to relocate to if there is an available unit which fulfills your needs. You may pick more than one community:

❑ Partrea Midrise (1-2 bed)
❑ Hunter Square Midrise (1-2 bed)
❑ Bobbitt Midrise (1-2 bed)
❑ Sykes Midrise (1-2 bed)
❑ Diggs Town (1-4 bed)
❑ Grandy Village (1-4 bed)
❑ Young Terrace (1-4 bed)
❑ Calvert Square (1-4 bed)
❑ Oakleaf Forest (1-7 bed) (Resident responsible for electric connection)
❑ Franklin Arms (1-2 bed) (Resident responsible for electric connection)

❑ **If supporting documentation is needed, NRHA will provide you with the appropriate verification form.**

❑ **I certify that the information provided is true and complete to the best of my knowledge.**

Resident Signature: _____ Date: _____

OFFICE USE ONLY:

Unit Size Necessary: _____ Submitted to Management: _____

Once completed, return this form to:
ReasonableAccommodation@nrha.us
or in-person to your property manager or case worker. Once submitted, you will receive an acknowledgement of the request within 3 business days. A decision will be sent within 7 business days.

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