

DEPARTMENT OF COMMUNITY SERVICES
CITY AND COUNTY OF HONOLULU

SECTION 8 HOUSING ASSISTANCE PAYMENTS PROGRAM
842 BETHEL STREET, FIRST FLOOR • HONOLULU, HAWAII 96813 • PHONE: (808) 768-7095 • FAX: (808) 768-7039
1000 ULU'OHIA #118 • KAPOLEI, HAWAII 96707 • PHONE: (808) 768-3000 • FAX: (808) 768-3237
INTERNET: <http://www.honolulu.gov>

NOTICE OF RIGHT TO REASONABLE ACCOMMODATION

If you have a disability and as a result of your disability you need:

- A change in the rules or policies to give you an equal opportunity to take part in the Section 8 program, or
- A change in the way we communicate with you or give you information

you may ask for this kind of change, which is called a reasonable accommodation.

If you can show that you have a disability and if your request is reasonable (does not pose “undue financial or administrative burden”), we will try to grant your request.

We will give you an answer within 10 working days from the date we receive your request unless there is a problem getting the information we need or unless you agree to a longer time. We will let you know if we need more information or verification from you or if we would like to talk to you about other ways to meet your needs.

If we turn down your request, we will explain the reasons, and you can give us more information if you think that will help.

If you need help filling out a REASONABLE ACCOMMODATION form or if you want to give us your request in some other way, we can help you.

If you or anyone in your family is a person with disabilities, and you require a specific accommodation in order to fully utilize our programs and services, please contact your examiner.

NOTE: All information you provide will be kept confidential and will be used only to help you have an equal opportunity to participate in the Section 8 program.

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REQUEST FOR A REASONABLE ACCOMMODATION

Name _____ Phone _____

Address _____

City/State/Zip _____

Currently, I am:

- An applicant on the waiting list
- A voucher holder looking for a unit
- Living in an assisted unit
- Other: _____

The following member of my household has a disability that qualifies under HUD rules (a mental or physical impairment that substantially limits one or more major life activities or a record of having or being regarded as having such an impairment).

As a result of the disability, the following change or changes are necessary so that this member of the household can have the opportunity to equally participate in the Section 8 program:

You may verify the disability and the need for this request by contacting:

Name _____ Title _____

Phone _____

Address _____

City/State/Zip _____

I give you permission to contact the above individual for purposes of verifying that I (or a family member) have a disability and need the reasonable accommodation requested above. I understand that the information you obtain will be kept completely confidential and used solely to determine whether or not you will provide an accommodation.

Signature _____ Date _____
(Head of Household)