

PRIVACY DISCLOSURE

All information in applicant and tenant files is considered to be confidential, except that DMHA may disclose information in tenant or applicant files to other public agencies, utility companies or non-profit organizations in furtherance of the operations or business of DMHA. DMHA may also disclose information relating to the tenancy of former DMHA tenants to landlords who are seeking references and to credit bureaus. Medical information and information concerning a disability of any tenant or applicant will not be disclosed by DMHA to any person or organization without a written release from the tenant or applicant in question.

Except for disclosure of information to landlords seeking references and to credit bureaus, any tenant or applicant who wishes to limit disclosure of information by DMHA as provided above must notify the Executive Director of his/her wishes in writing.

EQUAL OPPORTUNITY AND NON-DISCRIMINATION STATEMENT

Dayton Metropolitan Housing Authority (DMHA) will comply with Title VI of the Civil Rights Act of 1964 and Title VIII of the Civil Rights Act of 1968; Section 504 of the Rehabilitation Act of 1973; Executive Order 11063; Fair Housing Amendments Act of 1988; The Americans with Disabilities Act of 1990; and with the laws of the State of Ohio prohibiting discrimination in public accommodations and in employment practices, and all related rules, regulations and requirements there under.

DMHA will not on account of race, color, creed, national origin, sex, sexual orientation, place of birth, age, U.S. military veteran status, familial status, marital status or disability, deny to any person the opportunity to apply for admission, nor deny to an eligible applicant the opportunity to lease or rent a dwelling suitable for its needs. Further, in the selection of tenants, there will be no discrimination against persons otherwise eligible for admission because their income is derived in whole or in part from public assistance. DMHA will not discriminate against selected tenants, and discrimination by one tenant against another is unacceptable and will not be condoned.

The information regarding race, national origin and sex designation solicited on applications is requested in order to assure the federal government that federal laws prohibiting discrimination against applicants on the basis of race, color, national origin, religion, familial status, age, and handicap are complied with. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, the owner is required to note the race/national origin and sex of individual applicants on the basis of visual observation or surname.

DISCLOSURE TO APPLICANTS AND PROGRAM PARTICIPANTS WITH DISABILITIES

Dayton Metropolitan Housing Authority's policies and practices are designed to provide assurances that persons with disabilities will be given reasonable accommodations, upon request, so that they may fully access and utilize our housing programs and related services. DMHA will consider requests for Reasonable Accommodations from persons with disabilities in order to afford them an equal opportunity to obtain the same result, to gain the same benefit or to reach the same level of achievement as those who do not have disabilities. All of DMHA's applications, forms annual recertification questionnaires, etc. may be requested in an alternative format. Additionally, persons with disabilities may request that our annual recertification interviews, and other meetings, be held in private or at their apartment.

DMHA encourages families to make requests in writing using the reasonable accommodation request form. However, DMHA will consider the accommodation anytime the family indicates that an accommodation is needed whether or not a formal written request is made.

IF YOU NEED TO REQUEST A REASONABLE ACCOMMODATION, PLEASE COMPLETE THE ATTACHED REASONABLE REQUEST FORM OR CALL:

THE SITE OFFICE

DMHA'S ADMINISTRATIVE OFFICES AT (937) 910-7500

DMHA'S TDD NUMBER 937-910-7510.

Reasonable Accommodation
Request Form

Tenant's name _____ Phone: _____

Address: _____

1. The following person in my household has a disability, ***which is a physical or mental impairment that substantially limits one or more major life activities or has a record of having or is regarded as having such impairment:***

Name: _____

2. Because of this disability I am asking for the following specific accommodation: *(Please check one or more of the boxes listed below)*

An alteration to my apartment or change to a part of the complex *(Please explain):*

A change in a rule, procedure or policy *(Please explain):*

Other? *(Please explain-this may include a request for audio tapes of any notices, etc.):*

3. This accommodation is necessary so that I or a person in my household can *(Please explain):*

4. I authorize DMHA to verify that I or a member of my household has a disability and has the need for the accommodation that I have requested. In order to verify the information I have provided or will provide DMHA a completed verification form or DMHA may contact the following person(s) *(Doctor, medical specialists, etc.):*

Name: _____ Title: _____

Address: _____ Phone: _____

Any information obtained by DMHA will be kept in a strictly confidential manner and used only to make a determination as to your request for accommodation.

I hereby certify that the information in this Request for Reasonable Accommodation is true and accurate. I give DMHA permission to talk with the above listed person(s) to verify my disability and the need for this accommodation.

Signature _____ Date: _____

Warning: Section 1001 of Title 18 of the US 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, punishable by fine not to exceed \$250,000.00 and/or imprisonment of not more than 5 years.

Please complete this form and return it to your site office.



Received by: _____ Dated: _____

Request for Accommodation (Rev. 9-06)