



# Reasonable Accommodation Request Form

County of Ventura • Resource Management Agency • Planning Division

800 S. Victoria Avenue, Ventura, CA 93009-1740 • (805) 654-2478 • [vcrma.org/divisions/planning](http://vcrma.org/divisions/planning)

**Before completing the request for reasonable accommodation, please read the following information about who is protected by the federal Fair Housing Act and the California Fair Employment and Housing Act (Fair Housing laws) and what accommodation may be available.**

## ***Do the protections of Fair Housing laws apply to me?***

You are protected by Fair Housing laws if you have a disability or the housing is for people with disabilities. For purposes of considering reasonable accommodation, “disability” shall have the same meaning as that term has in Section 12926 of the California Fair Employment and Housing Act and Section 12012 of the federal Americans with Disabilities Act.

## ***What kind of accommodation may I request under Fair Housing laws?***

If you have a disability or the housing is for people with disabilities, Fair Housing laws require that the County provide you with reasonable accommodation in rules, policies, practices and procedures that may be necessary for people with disabilities to have equal opportunity to use and enjoy a dwelling. More specifically, the County must provide you with reasonable accommodation in decisions and procedures regulating the siting, funding, development or use of housing, including housing related services or facilities.

## ***How do I request reasonable accommodation from the County?***

To make a request for reasonable accommodation, answer the questions on the attached request form, obtain the written materials referenced in the form, sign and date the form and return the form and materials to the Planning Division. If you need help in answering the questions on the request form, you may ask for assistance from the Planning Division.

Your accommodation request will be reviewed by the Planning Division Director or his/her designee, who will issue a written decision on your request within forty five (45) days of the date of the request. The Planning Division Director or his/her designee may, after reviewing your request, contact you with suggested alternative accommodations which may provide an equivalent level of benefit to you. If the Planning Division Director/designee needs additional information consistent with Fair Housing laws to consider your request, the 45-day time period will stop running until you respond to the request and will start over once the material has been submitted.

## ***What if my request for reasonable accommodation is denied?***

If your request for accommodation is denied, you may appeal the decision by filing a Notice of Appeal with the appeals designee within ten (10) days of the decision. You may request reasonable accommodation for the appeals procedure. You may also contact your local fair housing or disability rights organization or legal services office for further assistance. Nothing in this accommodation request procedure limits your right to any other available state or federal remedy.



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If you need help completing this Request Form, the Planning Division will assist you. Please contact Meighan Batinica, 805-654-2478, for assistance. Please attach additional pages as needed for you to provide complete responses to each of the following questions.

1. Name of Applicant \_\_\_\_\_

2. Telephone Number \_\_\_\_\_

3. Address \_\_\_\_\_

4. Address of dwelling for which accommodation is requested:

\_\_\_\_\_

5. Does the service animal assist a person with disability who resides at the dwelling address identified above?

6. What work or task has the service animal been trained to perform or assist a person with disability who resides at the dwelling address identified above?

7. Describe each accommodation you are requesting and the specific regulation(s) and/or procedure(s) from which accommodation is sought. Attach site plans depicting the size and location of each proposed improvement for which accommodation is sought.

8. Give the reason(s) that the reasonable accommodation is necessary for you, or the individuals with disabilities who live within the dwelling, to use and enjoy the housing.

9. If the Planning Division has questions about your request for reasonable accommodation and you would like us to contact someone assisting you with this request (instead of you), please provide that person's name, address and telephone number.

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_

**Please provide all other information and attach any additional documents that support your request for reasonable accommodation and would assist the Planning Division in considering your request.**