# Required Wording for Cover Page of Annual Recertification for Covered Housing Developments

Refer to Fair Housing Policies Related to Disability, Section 2.7

**SAMPLE ONLY**

## **Annual Recertification Cover Page for [NAME OF HOUSING DEVELOPMENT]**

This housing is offered without regard to race, color, religion, sex, gender, gender identity and expression, familial status, national origin, citizenship status, immigrant status, primary language, marital status, ancestry, age, sexual orientation, disability, source of income (including receipt of Section 8 and other similar vouchers), genetic information, military or veteran status, arbitrary characteristics, or any other basis currently or subsequently prohibited by law.

1. [NAME OF HOUSING DEVELOPMENT] has Accessible Units for Individuals with Mobility Disabilities and Individuals with Hearing/Vision Disabilities. [NAME OF HOUSING DEVELOPMENT] also has units with some accessible features, such as no steps. **If you would like to request one of these units, please complete Section XX, Title, of the Rental Application (page XX).** For more information about the accessible features of these units and/or if you need assistance to request a unit with accessible features, please contact:

Property Management Contact Name:

Title:

Phone Number: TTY/TDD (if available):

Email:

1. Reasonable Accommodations and Auxiliary Aids will be provided upon request. An Individual with a Disability may ask for, among others:
	1. a change in rules or;
	2. a physical change to their apartment or shared areas in the building (either of which is a reasonable accommodation);
	3. an accessible apartment;
	4. and Auxiliary Aids necessary to ensure effective communication between us.

If you or anyone in your household has a disability and needs any of these things or another type of accommodation to live in [NAME OF HOUSING DEVELOPMENT] and use our services, then contact [NAME OF HOUSING DEVELOPMENT] staff to communicate your needs.