



PHA Procedure on Affirmative Marketing

A. General Requirements

It is the responsibility of the Authority to conduct all marketing activities in an open and clear manner, with all marketing information available in both English and any other language used by at least five percent of the program-eligible population of the locality. All marketing materials shall use the Fair Housing logo, and marketing shall be conducted in a manner that targets those eligible families least likely to apply. To the maximum extent possible, the language used shall be simple and direct.

1. Marketing and informational materials will:
 - a. Comply with Fair Housing Act requirements on wording, logo, size of type, etc.¹;
 - b. Describe the housing units, application process, waiting list and preference structure clearly and accurately;
 - c. Use clear and easy-to-understand terms and more than strictly English-language and other-language print media;
 - d. Contact agencies that serve potentially qualified applicants least likely to apply (e.g. persons with disabilities or members of racial or ethnic minority groups) to ensure that accessible/adaptable units are offered to applicants who need their features and that all members of protected classes are notified;
 - e. Make clear who is eligible: low income individuals and families; working and non-working people; and people with physical, intellectual, emotional and mental disabilities; and
 - f. Be clear about PHA's responsibility to provide reasonable accommodations to people with disabilities.
2. In order to identify and then market effectively to those eligible families least likely to apply, PHA or its contractor shall, at least once each year perform the following actions:
 - a. Prepare a property-by-property demographic breakdown that identifies the number and percentage of residents who are:
 - 1) Elderly families (Head, spouse or sole member age 62 or older);
 - 2) Disabled families (Head, spouse or sole member a person with disabilities);
 - 3) White/Caucasian families;
 - 4) Black/African American families;
 - 5) Asian families;
 - 6) Hawaiian/Pacific Islander families;
 - 7) Native American/Alaska Native families;
 - 8) Hispanic/Latino families;
 - 9) Non-Hispanic/Non-Latino families;
 - b. Prepare a breakdown of each site-based waiting list and any citywide waiting list

¹ 24 CFR §109.30(a)



that breaks down the number and percentage of applicants by the categories listed above;

- c. Using the most recent demographic information for the jurisdiction², the PHA shall determine the number and percentage of income-eligible families, first all eligible families using the categories above, then subdividing the eligible families by income tier and the demographic categories above as follows:
 - 1) Extremely low income families (incomes less than 30 percent of area median income, adjusted for family size);
 - 2) Very low income families (incomes between 31 and 50 percent of area median income adjusted for family size);
 - 3) Tax credit eligible families (incomes up to 60 percent of area median income adjusted for family size);
 - 4) Lower income families (incomes between 50 and 80 percent of area median income adjusted for family size).
- d. Compare the data on property demographics and waiting list demographics to the citywide eligible family data to determine whether there are any categories of eligible families who are under-served (i.e., 10 percent or more difference) by age, disability, race or ethnicity.
- e. Using data on unit turnover, determine the number, size, type (accessible, adaptable and non-accessible/adaptable) and locations of apartments likely to become vacant in the next 12 months.
- f. Review the applicable waiting lists against the availability projections from step (e) above, and determine whether any waiting lists that are presently closed will be re-opened.
- g. If there are any under-served categories of families (step d), determine where those families are currently located and which income tier they fall under, and design a marketing campaign to reach those families.
- h. The campaign should, at a minimum,
 - 1) be aimed at families for whom the waiting list is open;
 - 2) be presented in the appropriate language;
 - 3) use all appropriate media and service agencies, not simply print media;
 - 4) describe the housing opportunities available at PHA simply but accurately;
 - 5) contain both the Fair Housing Logo and Fair Housing language;
 - 6) describe how an interested family can get additional information about PHA's housing opportunities.

² The most recent data available may be from a college or university rather than a locality.



PHA Procedure on Civil Rights and Disability Rights

A. Nondiscrimination: The Fair Housing rules and Civil Rights Acts require that

1. PHA shall not, on account of race, color, national origin, sex, religion, familial status, disability, gender identity or sexual preference:
 - a. Deny anyone the opportunity to apply for housing (when the waiting list is open), nor deny to any qualified applicant the opportunity to lease housing suitable to its needs;
 - b. Provide anyone housing that is different (of lower quality) from that provided others ³;
 - c. Subject anyone to segregation or disparate treatment;
 - d. Restrict anyone's access to any benefit enjoyed by others in connection with the housing program;
 - e. Treat anyone differently in determining eligibility or other requirements for admission;
 - f. Deny anyone access to the same level of services ⁴; or
 - g. Deny anyone the opportunity to participate in a planning or advisory group that is an integral part of the housing program.
2. PHA's policy on nondiscrimination in Public Housing occupancy is in the Admissions and Continued Occupancy Policy in the sections on Nondiscrimination and the Tenant Selection and Assignment Plan.
3. PHA's policy on nondiscrimination in Section 8 Housing Choice Voucher Program Occupancy is in the Section 8 Administrative Plan.
4. PHA's 504/ADA Coordinator is the person charged with ensuring that persons with disabilities are provided with the same level of benefits and services as all other residents.

B. Informing Applicants and Residents of their Civil and Disability Rights

1. Key policy documents must be posted on bulletin boards in application offices, property management offices and the Section 8 office.
2. Policy documents shall be provided to persons with disabilities in a format that is understandable to them.
3. Every applicant for housing shall be asked whether he/she or any family member needs a reasonable accommodation, methods of communication other than plain language paperwork, or special features in a housing unit because of a disability.
4. Authority staff shall make every effort to assist applicants and residents who request

³ PHA is not only permitted but is required to provide persons with disabilities with housing that is appropriate for their needs. This accessible or adaptable housing, although different from that provided to others, is permitted because it permits persons with disabilities to participate fully in the public housing program.

⁴ This requirement applies to services provided by Authority and services provided by others with Authority's permission on public housing property. Thus, a health screening program offered by the local health department in a public housing community room would have to be fully accessible to persons with disabilities.



information or assistance with the exercise of their civil and disability rights.

5. Any applicant or resident who believes that he or she is the victim of discrimination based upon membership in a protected class shall have an opportunity to file a complaint with PHA and, if the complaint is not resolved to the applicant or resident's satisfaction, shall be referred to a Fair Housing Agency or to HUD.
6. Occupancy staff shall be familiar with PHA's obligations to modify its physical facilities and they can explain these obligations to applicants.
7. Housing management staff shall also be familiar with PHA's obligations to modify its physical facilities and they can explain these obligations to residents.
8. Section 8 Housing Choice Voucher staff shall be familiar with PHA's obligations to provide reasonable accommodations in program administration and shall be able to explain these obligations to applicants and program participants

C. Eligibility for Unit Modifications and Reasonable Accommodations

1. PHA's obligation to make unit modifications and reasonable accommodations for individuals with disabilities is predicated on two facts:
 - a. The person on whose behalf the request is made qualifies as an "individual with disabilities"; and
 - b. The person's request can be verified to be needed because of the person's disability.
2. If the information is not already obvious or verified, PHA may verify that a person qualifies as an "individual with disability" and that the request for unit modification or reasonable accommodation is needed because of the disability. An applicant or resident who is receiving social security disability or SSI disability income is disabled and no further verification of disability is required. Many individuals who do not receive this type of income also qualify as disabled. A verification form is attached to this package.
3. At no time may PHA request information about the nature or extent of a person's disability, including their diagnosis and treatment, and if a medical practitioner should provide such information it will be shredded.

D. Modification of Physical Facilities for Persons with Disabilities. in the Public Housing Program

1. In making physical modifications to Authority property, (sites, parking lots, common spaces, routes through buildings and individual apartments), the following requirements apply, considering reasonable accommodations in procedures or practices:
 - a. PHA **must**, upon request by an applicant or resident with a disability,
 - 1) make structural modifications to its housing and non-housing facilities and
 - 2) make reasonable accommodations in its procedures or practices **24 CFR § 8.33****unless** such structural modifications or reasonable accommodations



- 1) would result in an undue financial⁵ and administrative burden on PHA, or
- 2) would result in a fundamental alteration in the nature of the program

If a requested modification or reasonable accommodation can be demonstrated to be an undue financial and administrative burden, PHA is obligated to do everything it can do short of that burden to meet the applicant or resident's disability-related need.

Only PHA's 504/ADA Coordinator may make a determination that a requested structural modification is an undue financial and administrative burden or a fundamental alteration in the nature of PHA's program.

- b. In making structural modifications to "Existing housing programs" 24 CFR § 8.23 or in carrying out "Other Alterations" 24 CFR § 8.23(b) for otherwise qualified persons with disabilities, PHA **may**, but is not required to:
 - 1) Make each of its existing facilities accessible 24 CFR § 8.24 (b); or
 - 2) make structural alterations when other methods can be demonstrated to achieve the same effect 24 CFR § 8.24 (b) ;
 - 3) Make structural alterations that require removal or altering a load-bearing structural member 24 CFR § 8.24 (b);
 - 4) Provide an elevator in any multifamily housing project solely for the purpose of locating accessible units above or below the grade level 24 CFR § 8.26;
 - c. When PHA is making "Substantial Alterations"⁶ to an existing housing facility, PHA **may, but is not required to**:
 - 1) Provide an elevator in any multifamily housing project solely for the purpose of locating accessible units above or below the grade level 24 CFR § 8.26;
 - 2) Make structural alterations that require the removal or altering of a load-bearing structural member 24 CFR § 8.32 (c); or
 - 3) Make structural alterations to meet minimum accessibility requirements where it is structurally impracticable⁷ also 24 CFR § 8.32 (c) and § 40, **Uniform Federal Accessibility Standards, 3.5 and 4.1.6(3)**
 - d. The undue burdens test is not applicable to new housing or housing undergoing substantial alteration/rehabilitation.
3. PHA bears the cost of modifying public housing units for residents with disabilities.
 4. Applicants or residents with disabilities are neither required to accept Authority's modification of their units nor to accept Authority transfer offers.
 5. If the residents do not accept Authority's attempts at reasonable accommodation, the residents cannot hold Authority liable for failure to make reasonable accom-

⁴. Considering all PHA's sources of revenue, including both operating and capital funds

⁶ defined in 24 CFR § 8.23 as Comprehensive Modernization or work in developments with 15+ units, work whose value exceeds 75% of the replacement cost of the facility

⁷ Structural impracticability is defined as: Changes having little likelihood of being accomplished without removing or altering a load-bearing structural member and/or incurring an increased cost of 50% or more of the value of the element of the building or facility involved.



modations and will be required to sign a form acknowledging but refusing PHA's transfer offer.

E. Reasonable Accommodations in Policies, Procedures and Practices

1. When requested by an applicant or resident who is an individual with disabilities, PHA is obligated to adjust or modify its policies, procedures and practices to provide such individual with disabilities an equal and effective opportunity to use and enjoy the full range of Authority services and programs.
2. PHA is not obligated to provide reasonable accommodations when the requested accommodation is:
 - a. An undue financial and administrative burden; or
 - b. A fundamental alteration in the nature of PHA's program.
3. Only PHA's 504/ADA Coordinator may make a determination that a requested reasonable accommodation is and undue financial and administrative burden or a fundamental alteration in the nature of PHA's program.
4. Some examples of reasonable accommodations to Authority's policies, procedures or practices include, but are not limited to:
 - a. Exempting all assistive animals for individuals with disabilities from the provisions of PHA's Pet Policy;
 - b. Conducting a meeting, hearing or other service normally performed at an Authority office in the home or other location requested by a person with a disability;
 - c. Billing an alternative payee in addition to or instead of a resident with a disability at the resident's request;
 - d. Permitting a resident with a disability to have a washing machine and dryer in his/her unit (even though this is normally not permitted) because the only laundry facilities at the property cannot be made accessible to his/her disability;
 - e. Increasing the utility allowance for a family that includes an individual with a disability when the individual's disability requires the use of equipment that uses utilities (e.g. an in-home dialysis set-up);
 - f. Granting a Section 8 Housing Choice Voucher family a time extension beyond that normally granted because they need a particular type of unit that is hard to find.

The above list is just a series of examples and is in no way inclusive. In addition, see the reasonable accommodations sections of the Admissions and Continued Occupancy Policy and the Section 8 Administrative Plan.

F. Communications with Persons with Disabilities

1. PHA and its property managers communicate with all persons with disabilities in a manner that is understandable to them.
 - a. Simply mailing out written material is insufficient.
 - b. People who have sensory or cognitive impairments are entitled to the form of



communication that they request and that will be intelligible to them.

- c. In some cases this will require different forms of communication (large print, Braille, audio materials, sign language interpretation); and
 - d. In other cases, it will require communicating with someone other than or in addition to the applicant or resident (a family member, friend, advocate, case worker, etc.).
 - e. When PHA or a management agent has first contact with all applicants, they shall ask whether the applicant needs some form of communication other than plain language paperwork.
 - f. Alternative forms of communication might include but are not limited to:
 - 1) sign language interpretation and/or TDD service;
 - 2) having written materials explained orally by staff, either in person or by phone;
 - 3) large type materials; information on tape, information in a Braille format;
 - 4) having someone (friend, relative or advocate) accompany the applicant to receive, interpret and explain housing materials;
 - 5) permitting applicants to file applications and reexamination materials by mail; and
 - 6) using alternative sites for application taking, interviews, meetings or hearings.
 - g. If an applicant requests alternate forms of communication, the applicant's file is noted and all future communications (notices, letters, etc.) are provided in the appropriate format. The note explaining the alternate method of communication must stay on top of the left side of the folder at all times.
 - h. PHA staff present examples to help persons with cognitive impairments understand eligibility, rent computation, applicant screening, reasonable accommodations, and lease compliance.
 - i. PHA staff explain rules and benefits verbally, as often as may be needed, because some disabilities may affect an applicant's ability to read, understand or remember. **24 CFR § 8.6**
 - j. Intake and management staff read and explain anything that they would normally hand to an applicant to applicants and residents who cannot read.
 - k. PHA provides plain language written material in English and all other languages whose speakers constitute at least ten percent of the program eligible population of the locality.
 - l. Applicants and residents who read or understand little English and whose speakers number fewer than ten percent of the program eligible population of the locality may furnish an interpreter who can explain what is going on.
2. PHA prepares the following information for applicants and residents in plain-language accessible formats:



- a. Marketing, promotional and informational materials
- b. Information about the application process
- c. General statement about reasonable accommodation (for all applicants)
- d. How rents and utility allowances are determined
- e. The application form and required certifications
- f. Information about opening, updating or closing the waiting list
- g. All form letters and notices to applicants and residents
- h. Information about hearings for rejected applicants
- i. Orientation materials for new residents
 - 1) The lease and house rules, if any
 - 2) Guidance or instructions about care of the housing unit
 - 3) All information related to applicant's rights (to informal hearings, Grievance Procedure etc.)
- j. Some applicants and residents with disabilities will be unable, because of their disabilities, to come to PHA facilities for meetings, interviews, etc. In this case, PHA staff go to the location where they are to conduct meetings, interviews, etc.
- k. PHA or the property manager bears the cost for providing alternate methods of communication, plain language paperwork and going to the homes or other locations for residents with disabilities. It is not permitted to charge individuals with disabilities for reasonable accommodations – they are the responsibility of PHA.

G. Updating Resident Information on Needs of Persons with Disabilities

1. Each year, as part of the annual reexamination, property managers ask every resident whether they need any special features in their units or other Authority-owned facilities, or any changes in procedures or method of communication because they or someone in their family has a disability.
2. People who formerly had no disability-related needs may become disabled after becoming Authority residents.

H. Cross Reference: Guidebooks on Reasonable Accommodation for Persons with Disabilities

1. PHA and its property managers have an ongoing responsibility to make modifications to Authority's physical facilities and reasonable accommodations in procedures and practices to ensure that its programs are fully usable by persons with disabilities. See the **Occupancy or Manager's Guide to Reasonable Accommodations** for further information about this process.
2. If applicants or residents do not inform PHA of their disability needs or if they are unwilling to disclose the fact that they have a disability, PHA is not able to make reasonable accommodations



REASONABLE ACCOMMODATIONS PROCEDURE FOR RESIDENTS

PROPERTY MANAGER'S GUIDE

1.00 Background

The Authority **must** comply with Federal, state and local laws that prohibit discrimination on the basis of disability, including but not limited to the Federal Civil Rights Act (Title VI), the Federal Fair Housing Amendments Act (Title VIII), Section 504 of the Rehabilitation Act of 1973 (504) and the Americans with Disabilities Act (ADA).

It is necessary to provide an applicant or resident with a disability an equal opportunity to apply for and live in housing. An applicant or resident with a disability may ask for specific changes in rules, policies, procedures, and methods of communication or may ask for physical modifications to a unit or common area to enable him/her access to a building, unit or program. Such changes are referred to as "Reasonable Accommodations."

1.01 How "Disability" is Defined

HUD defines disability for the purpose of being eligible for consideration for a reasonable accommodation or structural modification as any physical, mental or emotional impairment that substantially limits one or more major life activities. For the complete definition, see the definition section at the end of this manual.

1.02 The Authority's Obligations

The Authority must evaluate requests for reasonable accommodations to determine if and how requests can be accommodated. The Authority is permitted to deny the request if the request constitutes a fundamental alteration in the nature of the program or constitutes an undue financial and administrative burden. The determination not to grant a reasonable accommodation shall not be made without the concurrence of Authority's 504/ADA Coordinator.

1.03 The 504/ADA Coordinator

The 504/ADA Coordinator is the person the Authority designates as responsible for ensuring that the Authority complies with Federal, state and local laws that protect the rights of people with disabilities. The 504/ADA Coordinator is responsible to ensure the Authority meets its obligations set forth in these laws. The 504/ADA Coordinator also logs and tracks all requests from individuals with disabilities for unit modifications or reasonable accommodations.

1.04 Notification to Applicants and Residents

The Authority will provide all applicants/residents written and verbal notice of any obligation to provide qualified individuals with disabilities a reasonable accommodation. This shall occur at the initial application process, and at every re-certification. Written notification will also be contained in the resident handbook.



1.05 How Reasonable Accommodations are Administered

The procedures below outline how applicants and residents make requests for reasonable accommodations and how property managers must respond. Please direct any questions you may have regarding the procedures to the 504/ADA Coordinator.

STEP 1: Managers Ensure Reasonable Accommodation Packets are Provided to Residents at each Annual Reexamination

- a. Each property management office must have copies of the Request for Reasonable Accommodation / Modification Packet available for applicants and residents.
- b. For residents, Packets include:
 - 1) Request for a Reasonable Accommodation Guide
 - 2) Reasonable Accommodation/Structural Modification Request Form.
- c. For Management, Packets include:
 - 1) The Certification of Need Form
 - 2) Determination Notice
 - 3) Reasonable Accommodation Agreement Form located in the Appendix.

STEP 2: Managers to Respond to Applicant/Resident Requests

- a. If a resident asks for a change in rules, policies, procedures, or physical structures or type of unit because of a disability, refer the resident to the 504/ADA Coordinator who will give the resident a Reasonable Accommodation/Modification Packet.
- b. Request or assist the resident fill out the Reasonable Accommodation/Structural Modification Request Form and return it to the management office. Once the resident returns the Reasonable Accommodation/ Structural Modification Request Form, give the resident a copy.
- c. If a resident asks for a different method of communication or assistance reading or completing the forms, the 504/ADA Coordinator or a member of the management staff must provide the requested assistance (i.e. providing a copy of the forms in large print, forms in Braille, or a sign language interpreter or whatever the resident needs). If the person requesting the accommodation is a minor, the parent or guardian must fill out the form.

Steps 3 through 9 are for Resident Requests Only
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STEP 3: 504/ADA Coordinators or Managers Complete and Mail the Certification of Need Form



- a. Complete the top portion of the Certification of Need form and mail it with the completed Reasonable Accommodation/Structural Modification Request Form to the medical provider listed on the Reasonable Accommodation/ Structural Modification Request Form.

Note that the Certification of Need form specifies that the medical provider should not disclose information about the nature or extent of a resident's disability or provide his/her medical records.

STEP 4: Managers Distribute/File Copies of the Forms

- a. Place a copy of all documents in the resident folder.
- b. Forward a copy of all documents to the 504/ADA Coordinator.

STEP 5: Managers Obtain Certification of Need Form from Medical Provider

- a. Make a note to follow-up with the resident within 30 days from the date the Certification of Need form was mailed to the medical provider.
- b. If you have not received the Certification of Need form within 30 days, contact the resident to request that he/she follow up with the medical provider.
- c. Once the medical provider returns the Certification of Need form, the Property Manager will make 2 copies for: the resident file, and the 504/ADA Coordinator.

STEP 6: Manager Reviews Certification of Need form & completes the Determination Notice

- a. The Manager reviews the Certification of Need form and completes the Determination Notice within 5 business days of receipt.
- b. In completing the Determination Notice, the Manager or the 504/ADA Coordinator must approve or deny the request.
- c. If the Manager needs clarification about the requested accommodation, he/she contacts the resident.
- d. If the Manager needs assistance in making the determination, or thinks the request may be a fundamental alteration in the nature of the program, or may constitute an undue financial and administrative burden, he/she should contact the ADA/504 Coordinator prior to sending the Determination Notice. The 504/ADA Coordinator shall make the final determination in these cases.
- e. The Manager must send a copy of the Determination Notice to the 504/ADA Coordinator. In addition, the Manager may have to give written or verbal notification depending on the situation.

STEP 7: Manager arranges a meeting with the resident making the request

- a. Once a determination has been made, the Manager must meet with the resident within 5 business days to discuss the determination.
- b. For approvals, the meeting agenda should include:



- 1) How the reasonable accommodation will be provided.
 - 2) When the reasonable accommodation will be made.
 - 3) A discussion of administrative solutions if the resident qualifies for a reasonable accommodation/ modification, but the specific requested change is not possible. For example, a resident requests a widening of a doorframe. Widening the doorframe would require moving a load-bearing wall. Therefore, at a meeting, the Authority would recommend a transfer to a unit with wider doorframes.
 - 4) Signing of the Reasonable Accommodation Agreement. When filling out the form, specify the accommodations/modifications that will be made, the proposed timeline, and any administrative solutions.
- c. For denials, the meeting agenda should include:
- 1) How the determination was made.
 - 2) A discussion of administrative solutions.
 - 3) The process for grieving the determination.
- d. Inform the 504/ADA Coordinator of this meeting. Either the resident or the Manager may request the 504/ADA Coordinator to be present at such a meeting. The resident may also bring anyone he/she wishes to the meeting.
- e. If the resident is unable to come to the office to meet because of his/her disability, the meeting must be held in a manner or place that is accessible to the individual with the disability or the resident may appoint a designee. This can include a meeting by telephone/TTY, or in the resident unit.

STEP 8: Manager completes the accommodation/modification

- a. It is important that reasonable accommodations/modifications be made as expeditiously as possible to meet the needs of residents with disabilities.
- b. The Authority must make any approved reasonable change in a rule, policy, procedure or method of communication within 7 days of the reasonable accommodation/modification agreement being signed unless otherwise agreed by the Authority and resident .
- c. If the change involves a minor physical modification (installing grab bars, handrails, lowering cabinets, etc.) and costs less than \$1000.00, the work must be completed within 30 days of the reasonable accommodation/modification agreement being signed.
- d. If the change involves making a major structural change to a unit or common area (widening doorways, putting in a roll-in shower, putting in a ramp, etc.), costing over \$1000.00, the work must be completed within 60 days, or in accordance with a construction schedule, unless something unforeseen occurs.

For all work completed:



- a. Copies of all work order/purchase orders must be sent to the 504/ADA Coordinator and the Asset Manager.
- b. All physical modifications must meet the requirements of the Uniform Federal Accessibility Standards (UFAS) unless:
 - 1) In order to meet the needs of the resident it is necessary to depart from UFAS; i.e. Resident requests the counters to be lowered to a height higher or lower than the standard.
 - 2) It is structurally impossible to meet UFAS, but a physical change will meet the needs of the resident. i.e. the dimensions of the room did not allow for the normal wheelchair turning radius. However, the requestor uses a small chair so a smaller radius meets the needs of the requestor.
- c. For additional information on how to make modifications or the applicable standards, please contact the 504/ADA Coordinator.
- d. If a unit or common area needs to be modified, the unit or common areas should be modified to provide the maximum number of accessible features possible.

STEP 9: Manager documents the completed reasonable accommodation/ modification

It is very important to document all completed accommodations/modifications.

- a. Manager forwards information regarding modifications made to the 504/ADA Coordinator within 10 days. Managers send a letter detailing the resident's name, address - including the unit number, type of modification(s) made and cost incurred.
- b. The Manager updates the Authority database regarding all modified units, specifying the change(s) made.
- c. The 504/ADA Coordinator prepares a quarterly report of all accommodation/modification requests (denials and/or approvals), status of projects and completions for internal use.



APPENDIX DEFINITIONS

Definition of “Disability”

The definition of disability for the purpose of determining if someone may obtain a reasonable accommodation or physical modification is contained in the Fair Housing Act, 504 and the ADA.

- Under all three laws, an individual is “**disabled**” if he/she has a physical, mental or emotional impairment that substantially limits one or more major life activities; has a record of such impairment; or is regarded as having such an impairment
- The term physical or mental impairment includes, but is not limited to, such diseases and conditions as orthopedic, visual, speech, and hearing impairments, cerebral palsy, autism, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, Human Immunodeficiency Virus infection, AIDS, mental illness, mental retardation, and emotional illness
- Major life activities include, but are not limited to seeing, hearing, speaking, walking, breathing, and performing manual tasks, learning, caring for one self and working.
- **This is not the definition used to determine if someone is eligible for public housing based on his/her disability.**

Definition of “Fundamental alteration in the nature of the program”

- Determining whether a request poses a fundamental change in the housing program is not a cost-based test. The Authority’s goal is to provide safe and sanitary housing for low and moderate-income tenants.

For example, assume the Authority had a resident who was violating his/her lease because the unit was filled with trash. The resident tells her Property Manager that the unit is unsanitary because he/she cannot clean her unit on a regular basis or empty her trash because she cannot reach the trash chute or open it because of his/her disability. The resident requests the Authority to provide housekeeping services.

It is not reasonable for the Authority to provide housekeeping services because it would fundamentally change the type of services the Authority provides. It is reasonable for the Authority to help the resident in arranging a third party to assist the resident in housekeeping or to pick up the resident’s trash twice a week at the resident’s apartment. The resident must however comply with his/her lease and the accommodations.



PHA Notice to Public Housing Applicants on Disability Rights

The Public Housing Authority (PHA) operates in accordance with the federal Fair Housing rules and all Civil Rights laws. It does not discriminate against any person because of race, color, religion, national origin, sex, disability, familial status, sexual preference or gender identity. In addition, the PHA has a legal obligation to provide “reasonable accommodations” to public housing applicants and residents with disabilities and their family members.

If you are applying to live in PHA housing and need a reasonable accommodation or structural modification to a unit to permit you to live in PHA housing you should write it on your application for housing or tell an PHA staff member when you apply for housing.

What is a reasonable accommodation/structural modification?

1. A Change to a policy, procedure, or the way the PHA or a Property Manager communicates to allow persons with disabilities an equal and effective opportunity to participate in PHA programs. Examples include, but are not limited to:
 - Providing an oral/sign language interpreter for a deaf or hard of hearing applicant, or written documents in large print, on cassette tape or Braille for a blind or low-vision applicant; and
 - Permitting a qualified disabled resident to have an assistive animal in a housing unit with a no-pet policy.

OR

2. Any physical change to a unit, the route to the unit, or common area that allows a person with a disability an equal opportunity to live in a PHA unit. Examples include, but are not limited to:
 - Adding grab bars in the bathroom, widening doorways, or adding an entrance ramp for a person using a wheelchair and
 - Installing strobe-type flashing light smoke detectors in a unit for a household member with a hearing impairment.

Who can qualify for a reasonable accommodation/structural modification?

A qualified person with a disability may qualify for a reasonable accommodation/structural modification.

What is a disability?

To be eligible for a reasonable accommodation or structural modification, a disability is defined as any physical, mental, or emotional impairment that substantially limits one or more major life activities.

How do I ask for a reasonable accommodation/structural modification?



STEP 1 – Request a reasonable accommodation/structural modification by indicating it on your application or at the time of your interview with the Property Manager.

If you or a member of your family have a disability and think you might need or want a reasonable accommodation/structural modification, you may request it at any time in the application process or at the time of your interview with the Property Manager. This is up to you. If you would prefer not to discuss your situation with the PHA, that is your right. Any information you provide us during this process will remain completely confidential

STEP 2 – At your interview with the Property Manager, ask to complete the Applicant Request for Reasonable Accommodation/Structural Modification Form

If you are asking for special features in a unit or a specific type of unit because of your disability, you must complete an Applicant Request for Reasonable Accommodation/Structural Modification Form. PHA staff must help you with the form if you want help.

You may ask property management staff for assistance in reading or completing the form. For example, property management staff can read the Applicant Request for Reasonable Accommodation/Structural Modification Form to you, give you a copy of the form in large print, or make a sign language interpreter available.

If you are a minor, your parent or guardian must complete the Applicant Request for Reasonable Accommodation/Structural Modification Form for you.

By filling out the Applicant Request for Reasonable Accommodation/Structural Modification Form, you do two things:

1. You let the PHA know what changes you are asking for based on your disability. **You do not need to indicate the nature of your disability.**
2. You give the PHA permission to contact your medical provider so he/she can confirm that you have a disability and need the requested change.

STEP 3 - Give the Request for Reasonable Accommodation/Structural Modification Form to your Property Manager.

What will the Property Manager do with the form I filled out?

The Property Manager will send a Certification of Need for a Reasonable Accommodation/Structural Modification Form to your medical provider. The Certification of Need for a Reasonable Accommodation/Structural Modification Form asks your medical provider to confirm that you have a disability and that the special features you requested are needed because of your disability. **The Applicant Reasonable Accommodation/Structural Modification Form states that the medical provider should not tell us your disability or give us your medical records.**

When will the PHA notify me about my request?

Once your medical provider returns the Certification of Need for a Reasonable Accommodation/Structural Modification Form, the Property Manager will notify you, in



writing or form of communication you request, whether your request is approved or denied within ten business days.

The Property Manager will notify you if your medical provider did not return the Certification of Need for a Reasonable Accommodation/Structural Modification Form within 30 days of sending it to your medical provider.

What happens if my request is approved?

If your request is approved, the Property Manager will give you a Reasonable Accommodation/Structural Modification Determination Notice that states what changes will be made.

What happens if my request is denied?

If your request is denied, the Property Manager will give you a Reasonable Accommodation/Structural Modification Determination Notice stating that your request is denied and explaining why it was denied.

If you disagree with this determination, you may request a hearing verbally or in writing with the Occupancy Department within 30 calendar days of receiving this notification of ineligibility. If you do not request a hearing within 30 days of receiving the ineligibility notice, the decision will not be reconsidered.

To schedule a hearing, please contact the Occupancy Department at: _____
___ or by calling _____, between the hours of 8:00 a.m. and 5:00 p.m.

What else should I know?

Any information you provide the PHA or its designee during this process will remain completely confidential and will only be used to determine whether you qualify for a reasonable accommodation/structural modification.

The PHA considers each request for a reasonable accommodation/structural modification separately. Just because one person had a change approved does not mean that all requests for that type of change will be approved. The decision will be made on a case by case basis with the understanding that each person's need and circumstances are unique.

You must follow your lease whether you receive an accommodation/modification or not. You must pay rent, not disturb your neighbors, maintain a clean unit, and not engage in criminal activity. We cannot waive essential lease provisions or lower PHA's standards because you have a disability. If you cannot comply with your lease because of your disability, the PHA may be able to provide you with an accommodation/modification that will enable you to comply. However, you must tell us that such an accommodation is needed.

What other remedies exist?

If at any time you feel your request is not being processed appropriately, you have the right to file a complaint with the PHA's ADA/Section 504 Compliance Coordinator, at _____



_____ or _____ tel./TTY or write to the Occupancy Department at: _____

Public Housing Authority
Occupancy Department
Street Address
City, State, Zip Code

In addition, you have a right to seek assistance from the U.S. Department of Housing and Urban Development' Fair Housing and Equal Opportunity Office at _____



REASONABLE ACCOMMODATION PROCEDURE FOR THE PHA OCCUPANCY/ADMISSIONS DEPARTMENT

1.00 Background

PHA **must** comply with Federal, state and local laws that prohibit discrimination on the basis of disability, including but not limited to the Federal Civil Rights Act (Title VI), the Federal Fair Housing Act (Title VIII), Section 504 of the Rehabilitation Act of 1973 (504) and the Americans with Disabilities Act (ADA). An applicant or resident with a disability may ask for specific changes in rules, policies, procedures, and methods of communication or may ask for physical modifications to a unit or common area to enable him/her access a building, unit or program. Such changes are referred to as “Reasonable Accommodations.” For the complete definition, see the definition section at the end of this manual.

1.01 PHA’s Obligation to Provide Reasonable Accommodations

It is necessary to provide an applicant or resident with a disability an equal opportunity to apply for and live in housing. A disability for the purpose of being eligible for consideration for a reasonable accommodation or structural modification is any physical or mental impairment that substantially limits one or more major life activities. See the complete definition at the end of this procedure.

Another aspect of 504/ADA compliance for which Occupancy is responsible is identifying applicants with sensory or cognitive impairments who need special methods of communication other than the plain language paperwork PHA normally uses to communicate with applicants. It is PHA’s responsibility to communicate in a way that is fully understandable to all applicants and residents. This may require providing material in large type, Braille, or on cassettes for people with visual impairments, providing sign language interpreters for people with hearing impairments and permitting applicants with cognitive impairments to have a friend, relative or advocate present at meetings and in receipt of mailed information to help them understand and remember what is happening.

1.02 Evaluating Reasonable Accommodation Requests

PHA must evaluate requests for reasonable accommodations to determine if and how requests can be accommodated. PHA can deny the request only if the request constitutes a fundamental alteration in the nature of the program or constitutes an undue financial and administrative burden. This determination shall be made by PHA’s 504/ADA Coordinator.

1.03 The 504/ADA Coordinator

The 504/ADA Coordinator is the person PHA has designated as responsible for ensuring that PHA complies with Federal, state and local laws that protect the rights of people with disabilities and makes sure PHA meets its obligations set forth in these laws.



1.04 Notice to Residents and Applicants

PHA will provide all applicants/residents written and verbal notice of any obligation to provide individuals with disabilities a reasonable accommodation if they need one as a direct result of their disability. This shall occur at the initial application process, and at each annual recertification. Written notification will also be contained in the resident handbook.

The procedures below outline how applicants make requests for reasonable accommodations and how PHA must respond. Direct any questions you may have regarding the procedures to the 504/ADA Coordinator.

STEP 1: Ensure Reasonable Accommodation Packets are available

- a. The Occupancy Office must have copies of the Applicant Request for a Reasonable Accommodation/ Modification Packet available to be distributed with the application for housing.
- b. For Applicants, Packets include:
 - 1) Request for a Reasonable Accommodation Guide and a Reasonable Accommodation/ Structural Modification Request Form.
- c. For the Occupancy Department, Packets include:
 - 1) The Certification of Need Form, the Determination Notice, and the Reasonable Accommodation Agreement Form located in the Appendix.

STEP 2: Respond to Applicant Requests

- a. If an applicant asks for a change in rules, policies, procedures, or physical structures or type of unit because of a disability, the applicant must fill out the Request for a Reasonable Accommodation/ Modification Form. Staff will assist applicants who have difficulty in completing the form.
- b. Instruct the applicant to mail the completed Reasonable Accommodation/ Structural Modification Request Form with his/her housing application to the Occupancy Department.
- c. If an applicant asks for a different method of communication or assistance reading or completing the forms, a staff member of the Occupancy Department must provide the requested assistance (i.e. a copy of the forms in large print, filling out the forms for the applicant, forms in Braille, or a sign language interpreter). If the person requesting the accommodation is a minor, the parent or guardian must fill out the form.

STEP 3: Send the Applicant Request to the 504/ADA Coordinator

- a. Make a copy of the Request form for the Applicant's file and forward the original to the 504/ADA Coordinator.



STEP 4: Complete and Mail the Certification of Need Form

- a. Complete the top portion of the Certification of Need form and mail it with the completed Reasonable Accommodation/Structural Modification Request Form to the medical provider listed on the Reasonable Accommodation/Structural Modification Request Form.

Note that the Certification of Need form specifies that the medical provider should not disclose the applicant's disability or provide his/her medical records.

STEP 5: Distribute/File Copies of the Forms

- a. Place a copy of all documents in the applicant's folder.
- b. Forward a copy of all documents to the 504/ADA Coordinator.

STEP 6: Obtain Certification of Need Form from Medical Provider

- a. If you have not received the Certification of Need form within 30 days, notify the applicant to request that he/she follow up with their medical provider.
- b. Once the medical provider returns the Certification of Need form, make 2 copies for the applicant file and the 504/ADA Coordinator.

STEP 7: Review Certification of Need form & complete the Determination Notice

- a. The 504/ADA Coordinator reviews the Certification of Need form and completes the Determination Notice prior to the applicant's interview.
- b. In completing the Determination Notice, the 504/ADA Coordinator must approve or deny the request.
- c. If the 504/ADA Coordinator needs clarification regarding the requested accommodation, staff should contact the applicant.
- d. A copy of the Determination Notice must be sent to the Occupancy Department. In addition to written notification, verbal notification, on a case-by-case basis, may also be necessary.

STEP 8: Interview Process

- a. Once a determination has been made, the Occupancy Department will discuss the approval/denial with the applicant during the applicant interview process.
- b. For approvals, the meeting agenda should include:
 - 1) How the reasonable accommodation will be provided.
 - 2) When the reasonable accommodation will be made.
 - 3) A discussion of alternative solutions if the applicant qualifies for a reasonable accommodation/ modification, but the specific requested change is not possible. For example, an applicant requests to be moved to a specific development. The applicant also requests the widening of a doorframe for his/her unit. Widening the doorframe would require moving a load-bearing wall and this is the only unit available in this development. At a meeting, PHA



would recommend another development where the doorframes could be widened or are already wide enough.

- 4) Signing of the Reasonable Accommodation Agreement. When filling out the form, specify the accommodations/modifications that will be made, the proposed timeline, and any administrative solutions.
- c. For denials, the meeting agenda should include:
 - 1) How the determination was made.
 - 2) A discussion of administrative solutions.
 - 3) The process for obtaining a hearing on the determination.
 - d. Inform the 504/ADA Coordinator of this meeting. The applicant may also bring anyone he/she wishes to the meeting.
 - e. If the applicant is unable to come to the office to meet because of his/her disability, the meeting must be held in a manner or place that is accessible to the individual with the disability or the applicant may appoint a designee. This can include a meeting by telephone/TTY.

STEP 9: Unit Offers

- a. If the reasonable accommodation/modification is approved, the Occupancy Department will offer an accessible unit that meets the applicant needs.
- b. If an accessible unit could not be located, the Occupancy Department will locate a unit and work with the Property Management department to ensure that the reasonable accommodations/ modifications are made prior to when the applicant moves into the unit.
- c. If a unit or common area needs to be modified, the unit or common areas should be modified to provide the maximum number of accessible features possible.

STEP 10: Document the completed reasonable accommodation/modification

- a. It is essential to document all reasonable accommodations/modifications requests.
 - 1) Occupancy will forward information regarding all approved reasonable accommodation /modification requests to 504/ADA Coordinator and the new Manager.
 - 2) The Manager will update PHA database regarding all modified units, specifying the change(s) made.
 - 3) The Manager will note the method of communication to be used if a resident with a disability needs something other than plain language paperwork.
 - 4) The 504/ADA Coordinator will prepare a monthly report of all accommodation/modification requests (denials and/or approvals), status of projects and completions.



APPENDIX DEFINITIONS

Definition of “Disability”

The definition of disability for the purpose of determining if someone may obtain a reasonable accommodation or physical modification is contained in the FHA, 504 and the ADA.

- Under all three laws, an individual is **“disabled”** if he/she has a *physical, emotional or mental impairment* that substantially limits one or more *major life activities*; has a record of such impairment; or is regarded as having such an impairment.
- **Physical or mental impairment** includes, but is not limited to, such diseases and conditions as orthopedic, visual, speech, and hearing impairments, cerebral palsy, autism, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, Human Immunodeficiency Virus infection, AIDS, mental retardation, mental illness and emotional illness.
- **Major life activities** include, but are not limited to seeing, hearing, speaking, walking, breathing, performing manual tasks, learning, caring for one self and working.
- ***This is not the definition to determine if someone is eligible for public housing based on his/her disability.***

Definition of “Fundamental alteration in the nature of the program”

- Determining whether a request poses a fundamental change in your housing program is not a cost-based test. PHA’s goal is to provide safe and sanitary housing for low and moderate-income tenants.

For example, assume an applicant received a negative report from her current landlord because she was violating his/her lease because the unit was filled with trash. The applicant tells the Occupancy Department that the unit is unsanitary because he/she cannot clean her unit on a regular basis or empty her trash because she cannot reach the trash chute or open it because of her disability. The resident proposes to solve this problem by having PHA providing housekeeping services.

It is not reasonable for PHA to provide housekeeping services because it would be a fundamental alteration in the nature of the services PHA provides. It is reasonable for PHA to assist her when she becomes a resident by arranging a third party to assist the resident in housekeeping or to arrange for her trash to be picked up at her unit twice a week. The resident must however comply with her lease and the accommodations.



PUBLIC HOUSING RESIDENT'S GUIDE TO REASONABLE ACCOMMODATIONS and UNIT MODIFICATIONS for PEOPLE WITH DISABILITIES

If you need a “reasonable accommodation” or a modification to an apartment, building or site to permit you or a family member to live in PHA housing, you should complete the process outlined below.

What is a reasonable accommodation/modification?

A change to a policy, procedure or the way we communicate to allow persons with disabilities the opportunity to participate in PHA programs.

- For example, a blind person may need a PHA lease in Braille, or a deaf person may need a sign language interpreter to help in interviews with PHA staff;

-OR-

Any physical change to an apartment, the route to the apartment or common area that allows a person with a disability an equal opportunity to live in a PHA unit.

- For example, adding grab bars in your bathroom, widening doorways, or building an entrance ramp for a person using a wheelchair

-OR-

A transfer to a different unit because a resident's current unit is unsuitable for their disability;

- For example, persons with a respiratory condition may need to move to a lower floor or an apartment with no stairs.

Who can qualify for a reasonable accommodation/modification?

A qualified individual with a disability.

What is a disability?

A disability, for the purpose of being eligible for a reasonable accommodation or structural modification, is any physical or mental impairment that substantially limits one or more major life activities. If you have more questions, or for the complete definition, see PHA Admissions and Occupancy Policy.

How do I ask for a reasonable accommodation/modification?

Follow this procedure:

STEP 1 – Request a Reasonable Accommodation/Modification Packet

Go to your property management office and request a copy of the Reasonable Accommodation/Modification Request Packet.



STEP 2 - Fill out the Request for Reasonable Accommodation/Modification Form

If you are asking for a change to your apartment or a transfer because of your disability, you must fill out a form.

If you are a minor, your parent or guardian must fill out the form for you.

If you need help reading or filling out the form, you can ask your property manager for help or ask someone of your choice to help you. For example, property management staff can read the form to you, give you a copy of the form in large print, or make a sign language interpreter available.

By filling out this form, you do two things:

1. You let PHA know what changes you are asking for because of your disability. **You do not need to indicate what your disability is.**
2. You give PHA permission to contact your health care provider so he/she can confirm that you have a disability and you need the requested change.

STEP 3 - Give the form to your property manager.

What will PHA do with the forms I filled out?

PHA will send a Certification of Need for a Reasonable Accommodation/ Modification Form to your medical provider. The form asks your provider to confirm that you have disability and the change you requested is needed because of your disability. **The form states that the provider should not tell us your disability or give us your medical records.**

When will PHA notify me about my request?

PHA will notify you if your health care provider did not return the Certification Form within 30 days.

Once your health care provider returns the form, PHA will notify you whether your request is approved or denied in writing within 5 days.

What happens if my request is approved?

PHA will give you a Determination Notice and ask you to sign a Reasonable Accommodation/Modification Agreement that says both you and PHA agree to the changes that will be made.

What happens if my request is denied?

PHA will give you a Determination Notice stating your request is denied and explaining why it was denied.

If you do not agree with PHA's decision you may follow PHA's Grievance Procedures.

What else should I know?



Any information you provide us during this process will remain completely confidential and will only be used to determine whether you qualify for a reasonable accommodation/modification.

PHA considers each request for a reasonable accommodation/modification separately. Just because one person had a change approved does not mean that all requests for that type of change will be approved. The decision will be made on a case- by-case basis with the understanding that each person's need and circumstances are unique.

If you cannot comply with your lease because of your disability, we may be able to provide you an accommodation/modification that will enable you to comply. However, you must tell us that such an accommodation is needed. You must follow your lease whether you receive an accommodation/modification or not. You must pay rent, not disturb your neighbors, maintain a clean unit, and not engage in criminal activity. We cannot waive essential lease provisions or lower our standards because you have a disability.

What other remedies exist?

If at any time you feel your request is not being processed appropriately, you have the right to file a complaint with PHA Management Department or PHA's 504 Coordinator.

In addition, you have a right to seek assistance from the U.S. Department of Housing and Urban Development.



Notice to all Applicants for the Housing Voucher Program:

Reasonable Accommodations for People with Disabilities

The Public Housing Authority is a public agency that provides housing assistance to eligible families, elderly families and single people. PHA is not permitted to discriminate against applicants on the basis of their race, religion, sex, color, national origin, age, disability, familial status, gender identity or sexual preference. In addition, PHA has a legal obligation to provide "reasonable accommodations" to applicants if they or any family members have a disability. A reasonable accommodation is some modification or change PHA can make to its procedures and methods to assist an otherwise eligible applicant with a disability to take advantage of PHA's programs. Examples of reasonable accommodations would include:

- Making sure that the buildings in which PHA administers its programs are accessible to individuals with a full range of disabilities;
- Advocating with landlords to permit families to make modifications to their units in support of family members with disabilities;
- Making large type documents, Braille documents, cassettes, CDs⁸ or a reader available to an applicant with a vision impairment during the application process;
- Making a sign language interpreter available to an applicant with a hearing impairment during the interview or meetings with PHA staff;
- Permitting an outside agency or individual to assist an applicant with a disability to meet the PHA's applicant screening criteria.
- Granting a time extension to families with members who have disabilities so they can find apartments in which the disabled members can live successfully;
- Approving exception rents (up to 120 percent of payment standards) for landlords who make accessibility improvements for participating families with disabled members.

An applicant family that has a member with a disability must still be able to meet essential obligations of tenancy. They must be able to pay rent, to care for their apartment, to report required information to the Housing Authority, to avoid disturbing their neighbors, etc., but there is no requirement that they be able to do these things without assistance.

If you or a member of your family have a disability and think you might need or want a reasonable accommodation, you may request it at any time in the application process or at any time you need an accommodation. This is up to you. If you would prefer not to discuss your situation with the housing authority, that is your right.

⁸ If cassettes or compact discs are used, PHA will provide a cassette or CD player.



U.S. Department of Housing and Urban Development

Office of Public Housing

UFAS On-Site Review Checklist

This checklist was developed locally to provide the reviewer with a general guide for reviewing a Public Housing Site for compliance with the Uniform Federal Accessibility Standards (UFAS). This checklist is meant to provide an overview of the accessible features for both units and nondwelling spaces and does not include every item from the UFAS. The reviewer should take both the UFAS and a tape measure to the site to determine compliance. The first four pages of this checklist provides for the review of non-dwelling space. Separate dwelling unit sheets should be provided for each unit inspected.

Housing Authority Name:	Number of Units:
Project Name/Number:	Family/Elderly:
List Units Inspected:	

General Development Information	Yes	No	N/A	Notes
Does this development have accessible units?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
If yes, how many? Physical # ___% ___ Vision/Impaired # %	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
If not, has this project undergone any modernization since 1992. If yes, what components have been replace?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Did the PHA meet the requirements of Part 8, Other Alterations when conducting modernization activities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Site	Yes	No	N/A	Notes
Accessible Routes: Determine if there is an accessible route to and from all common areas? (UFAS 4.3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are the accessible pathways free of steps and stairs? (UFAS 4.3.8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are the accessible pathways at least 36 inches wide? (UFAS 4.3.3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
If the pathways are less than 60 inches wide, are there passing spaces at least 60 inches wide and 60 inches long at reasonable intervals not exceeding 200 feet? (UFAS 4.3.4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are accessible pathway surfaces stable, firm and slip-resistant? (UFAS 4.5.1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is the smaller dimension of grating openings no more than 1/2 inch, and are long dimensions of rectangular spaces placed perpendicular to the usual direction of travel? (UFAS 4.5.4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is the slope of the accessible pathway no greater than 1:20 and the cross slope no greater than 1:50? (UFAS 4.3.7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
If there is a change in level >1/2 inch anywhere on the accessible route? (UFAS 4.3.8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Parking	Yes	No	N/A	Notes
Are the required number of accessible parking spaces provided? (UFAS 4.1.1(5a))	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are accessible parking spaces the closest spaces to the building's accessible entrance? (UFAS 4.6.2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



Are accessible parking spaces at least 96 inches wide with a demarcated adjacent access aisle of 60 inches? (UFAS 4.6.3) (Note that two spaces may share a common aisle.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the access aisle connect directly to the accessible route? If the parking space is designated as a van space, is the adjacent aisle at least 96 inches wide? (UFAS 4.6.3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are the spaces and aisles level with no slope greater than 1:50? (This means a curb ramp cannot project into the access aisle.) (UFAS 4.6.3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does each accessible parking space have a vertical sign that is unobscured by a parked vehicle and shows the universal symbol of accessibility? (UFAS 4.6.4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Passenger Loading Zone	Yes	No	N/A
If a passenger loading zone is provided is it accessible? (UFAS 4.6.5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is there a sign displaying the international symbol of accessibility at the passenger loading zone? (UFAS 4.1.1(7))	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is there a 5' by 20' pedestrian aisle parallel to the vehicle pull-up space? (UFAS 4.6.5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the pedestrian aisle and pull-up space level, with no slope greater than 1:50? (UFAS 4.6.5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the pedestrian aisle and parking surface stable, firm, and slip-resistant? (UFAS 4.5.1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is there at least 114 inches of vertical clearance at the passenger loading zone? (UFAS 4.6.6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RAMPS	Yes	No	N/A
Are ramp slopes 1:12 or less? (UFAS 4.8.2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the rise for any run 30 inches or less?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the cross slope of the ramp surface no greater than 1:50? (UFAS 4.8.6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the ramp surface non-slip? (UFAS 4.5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the clear width of the ramp 36 inches or more? (UFAS 4.8.3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is there a level landing at the top and bottom of each run? (UFAS 4.8.4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is each landing at least as wide as the ramp and 60 inches long? (UFAS 4.8.4(2))	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Where the ramp changes direction, is the landing at least 60 by 60 inches? (UFAS 4.8.4(4))	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If the ramp rises more than 6 inches or is longer than 72 inches, does it have a handrail on each side? (UFAS 4.8.5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
On dogleg or switchback ramps, is the inside handrail continuous? (UFAS 4.8.5(1))	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the gripping surface continuous? (4.8.5(4))	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the top of the handrail between 30 and 34 inches above the ramp surface? (UFAS 4.8.5(5))	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Notes

Notes



At ends of handrails, is there at least 12 inches of level handrail beyond the top and bottom of the ramp segment? (UFAS 4.8.5(2))	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are the ends of handrails rounded or returned smoothly to the floor, wall, or post? (4.8.5(6))	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the diameter of the handrail between 1-1/4 inches and 1-1/2 inches? (UFAS 4.8.5; 4.26)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If a ramp or landing has a drop off, does it have a 2 inch curb, a wall, railings or projecting surfaces which prevent people from falling off? (UFAS 4.8.7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are ramps designed so that water will not accumulate on walking surfaces? (UFAS 4.8.8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
STAIRS	Yes	No	N/A
In any one flight do all the steps have uniform riser height and tread width? Are the risers closed? (UFAS 4.9.2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are the treads a minimum of 11 inches measured from nosing to nosing? (UFAS 4.9.2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do the nosings project no more than 1-1/2 inches? (UFAS 4.9.3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do stairways have continuous handrails at both sides of all steps? (UFAS 4.9.4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
On dogleg or switchback stairs, is the inside handrail continuous? (UFAS 4.9.4(1))	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At ends of handrails, is there at least 12 inches of level handrail beyond the top riser? (4.9.4(2))	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are the tops of handrails between 30 and 34 inches above the nosings? (UFAS 4.9.4(5))	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the diameter of the handrail between 1-1/4 inches and 1-1/2 inches (UFAS 4.9.4; 4.26) or Does the shape provide an equivalent gripping surface?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Building:	Yes	No	N/A
Entrance – Is there at least one principal entrance at each on-grade floor level in compliance? (UFAS 4.1.2(8))	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Building Accessible Route: Is there at least one accessible route complying with 4.3 to connect accessible building or facility entrances with all accessible spaces within the building or facility? (UFAS 4.1.2(1))	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When a door is open 90 degrees, is there a clear opening at least 32 inches measured between the face of the door and the door stop on the latch side? (UFAS 4.13.5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are door approaches adequate per Figure 25.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If there are two doors in series, is the clear space between the walls at either end of the vestibule at least 48 inches plus the width of the door?(UFAS 4.13.7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are all handles, locks, and latches operable with one hand? Are they operable without tight pinching, tight grasping or twisting of the wrist? (UFAS 4.13.9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Building Lobbies and Corridors	Yes	No	N/A

Notes

Notes

Notes

If more than one means of egress is required by the fire code, is more than one accessible? (UFAS 4.3.10; 4.1.2(7d))	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is there a 36" accessible route connecting the accessible entrance with all elements, spaces and dwelling units w/I the building? (UFAS 4.3.2(3))	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are doorways at least 32 inches in clear opening width? (UFAS 4.13.5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are the floors in all accessible areas and routes stable, firm, and slip-resistant? (UFAS 4.5.1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Elevators:	Yes	No	N/A	Notes
Are the hallway call buttons centered at 42 inches above the Floor? (UFAS 4.10.3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Do they have visual signals to indicate when each call is registered and answered?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is the button designating the up direction above the down button?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Do audible signals sound once for up and twice for down, or do they have verbal annunciators that say "up" or "down"?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Does the floor area of the car allow maneuvering room for wheelchair users to enter the car, reach the controls, and exit? (Figure 22)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Accessible Public Bathrooms	Yes	No	N/A	Notes
Are the toilet rooms located on an accessible Route? (UFAS 4.22.1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is there an unobstructed turning space (a 60 inch diameter circle or T-shaped space) in the toilet room? (UFAS 4.22.3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Does no door swing into a required clear floor space at an accessible fixture? (UFAS 4.22.2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Do toilet stalls meet the requirements of Figure 30a? (Arrangements may be reversed. <i>Alternate stalls are not permitted in new construction.</i>)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Do non-partitioned toilets spaces meet the requirements of Figure 28.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Do non-partitioned grab bars and water closets meet the requirements of Figure 29?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are flush controls automatic or operable with one hand? Are they mounted on the wide side of the toilet area? (UFAS 4.16.5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
If urinals are provided, does at least one meet the requirements? (UFAS 4.18)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Does the lavatory meet the requirements of Figure 31 and 32?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are hot water pipes and drain pipes insulated or otherwise covered? (UFAS 4.19.4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Can the faucet be operated with one hand without tight grasping, pinching, or twisting of the wrist? (UFAS 4.19.5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Laundry Spaces	Yes	No	N/A	Notes
Is at least one washing machines and clothes dryer front loading? (UFAS 4.34.7.2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



Is adequate clear floor space provided? (UFAS 4.27.2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Dwelling Unit Review

The reviewer should use a separate copy of this portion of the checklist for each unit reviewed

Project Number: _____ Dwelling Unit Number: _____ # Bedrooms: _____

Dwelling Unit Reviews	Yes	No	N/A	Notes
Are the accessible dwelling units designed for permanent accessibility or adaptability?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
If they are designed for adaptability, is consumer information provided in each adaptable dwelling unit available for occupancy? (UFAS 4.34.4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Site	Yes	No	N/A	Notes
If parking is provided for all residents, is one accessible parking space provided for each accessible dwelling unit? (UFAS 4.1.1(d))	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Review the parking section of this form to determine compliance with requirements for units. Is the parking in compliance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are mailbox areas accessible? (UFAS 4.2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is there access to all areas intended for resident use (clothes lines, patios, decks, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
RAMPS	Yes	No	N/A	Notes
Are ramp slopes 1:12 or less? (UFAS 4.8.2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is the rise for any run 30 inches or less?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is the cross slope of the ramp surface no greater than 1:50? (UFAS 4.8.6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is the ramp surface non-slip? (UFAS 4.8.6; 4.5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is the clear width of the ramp 36 inches or more? (UFAS 4.8.3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is there a level landing at the top and bottom of each run? (UFAS 4.8.4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is each landing at least as wide as the ramp and 60 inches long?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Where the ramp changes direction, is the landing at least 60 by 60 inches?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
If the ramp rises more than 6 inches or is longer than 72 inches, does it have a handrail on each side? (UFAS 4.8.5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
On dogleg or switchback ramps, is the inside handrail continuous?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is the gripping surface continuous?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is the top of the handrail between 30 and 34 inches above the ramp surface?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
At ends of handrails, is there at least 12 inches of level handrail beyond the top and bottom of the ramp segment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are the ends of handrails rounded or returned smoothly to the floor, wall, or post?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is the diameter of the handrail between 1-1/4 inches and 1-1/2 inches? (UFAS 4.8.5; 4.26)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



If a ramp or landing has a drop off, does it have a 2 inch curb, a wall, railings or projecting surfaces which prevent people from falling off? (UFAS 4.8.7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are ramps designed so that water will not accumulate on walking surfaces? (UFAS 4.8.8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Doors	Yes	No	N/A	Notes
Do all doors have adequate approaches in accordance with Figure 25?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are door widths adequate? (UFAS 4.13.1) Are doors easy to open and close?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is the door threshold >3/4"? (UFAS 4.13.8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Do all door have lever type latches?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are door peep holes at a reasonable height?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Kitchen	Yes	No	N/A	Notes
Note that adaptable kitchens may have removable components that will provide these features				
Is the clearance between all opposing cabinet, counter, appliances or walls at least 40 inches except in U-shaped kitchens where the clearance must be 60 inches? (UFAS 4.34.6.1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is the bottom edge of overhead cabinets located no more than 48" above the floor in accordance with UFAS Figure 5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is there 30 x 48 inches clear space at appliances? (UFAS 4.34.6.2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is there at least one 30 inch open work surface which is no more than 34 inches above the floor measured from the floor to the top of the counter? (UFAS 4.34.6.4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is the area beneath the sink accessible by wheelchair and is there a 30 x 48 inches clear floor space allowing a forward approach to the sink? (UFAS 4.34.6.5(7))	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are the hot water and drain pipes insulated or otherwise covered?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is a clear floor space at least 30 x 48 inches which allow either a forward or a parallel approach provided at the range, oven or cooktop? (UFAS 4.34.6.6;4.34.6.2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Does the location of the controls allow them to be used without reaching across burners?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
If the oven is the side opening type, is the door latch next to the open counter space and is there a pull out shelf under the oven at least as wide as the oven and 10 inches deep?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
If the refrigerator/freezer is an over/under type, is at least 50% of the freezer space within 54 inches of the floor and if 100% of freezer space is not within these limits, is the freezer self-defrosting? (UFAS 4.34.6.8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Bathrooms	Yes	No	N/A	Notes

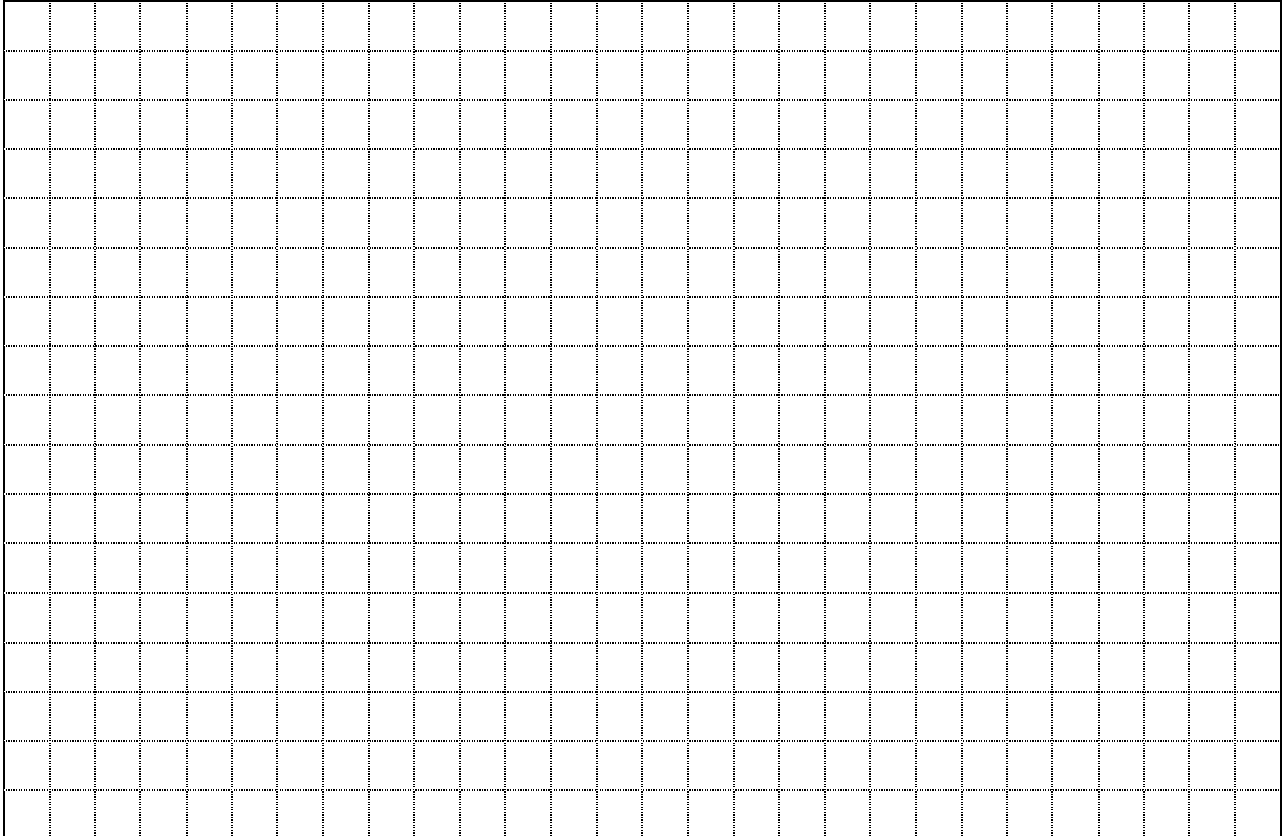
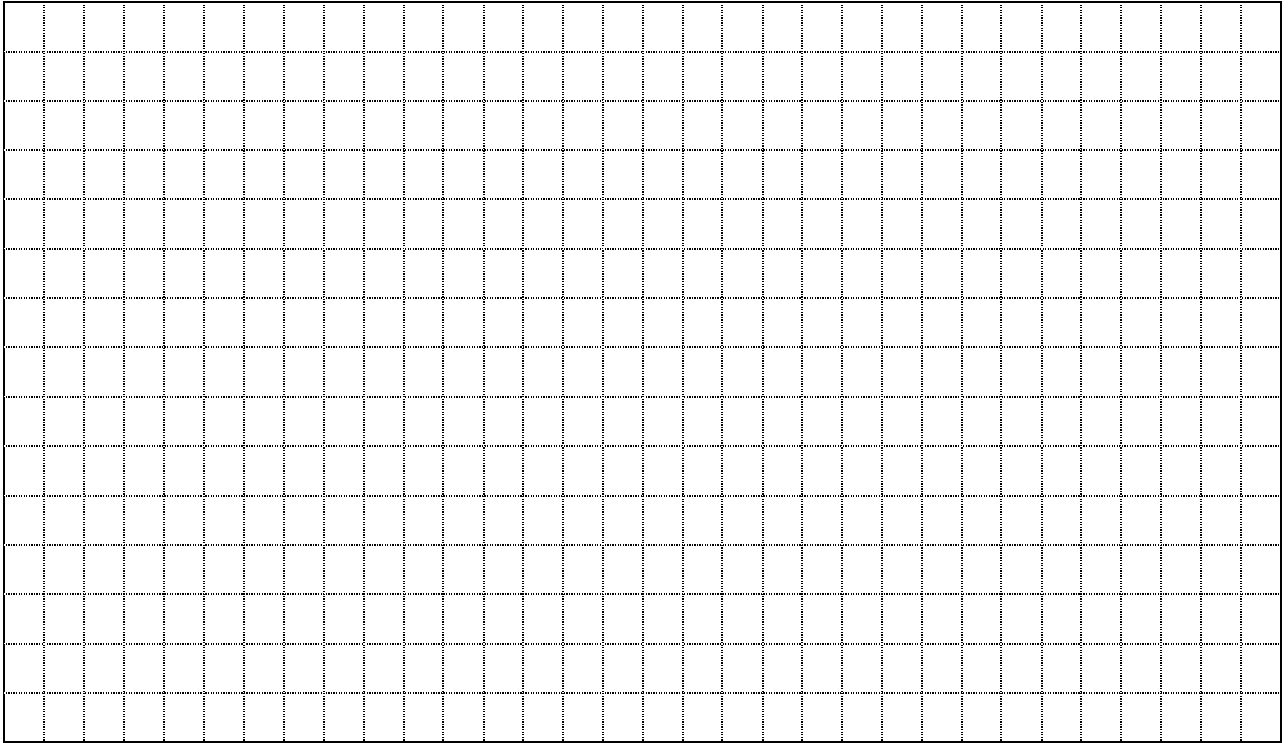


Is at least one full bathroom accessible or adaptable, including a water closet, a lavatory and a bathtub or shower? (UFAS 4.34.2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is there an unobstructed turning space (a 60 inch diameter circle or T-shaped space) in the toilet room? (UFAS 4.22.3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do water closet spaces meet the requirements of Figure 28 and 29. Is the seat between 17" and 19"?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do bathtub spaces meet the requirements of Figure 33 and 34? Is a seat provided? Is a handheld hoze provided?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If showers provided, does it meet the requirements of Figures 35, 36 and 37?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are grab bars installed securely in the locations shown and do they meet the standards? (UFAS 4.16.4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do lavatory spaces meet the requirements of Figure 31 and 32?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are all fixtures lever type? (UFAS 4.27.4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is all piping covered or insulated to prevent injury? (UFAS 4.19.4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If a medicine cabinet is provided, is there a usable shelf inside no higher than 44 inches above the floor? (UFAS 4.34.5.3(3))	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Items	Yes	No	N/A
Is closet shelving at no more than 48"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vision and Hearing	Yes	No	N/A
Are vision and hearing units provided in the percentage required?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are vision and hearing units separate from physically accessible units?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is there a visual alarm connected to the building emergency alarm system? Or, is there a standard 110-volt electrical receptacle into which a visual alarm could be connected? (UFAS 4.34.1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Notes
Notes

Other Issues:

Sketch or place pictures of any notable items in this space:





Live-In Aide Agreement

Unit Number: _____ Date: _____

Name of Tenant or family member needing Live-in Aide: _____

Statement of Live-In Aide

I understand that I am living at _____ and am enjoying the benefits of the public housing program solely because of my employment with _____.(Resident)

My employer has provided me with a copy of the Public Housing Rental Agreement (“Lease”) for this unit. I agree to follow all terms in the rental agreement, as well as the rules and regulations of the public housing program. It is also my responsibility to maintain the unit in a safe and sanitary manner.

I understand that I will only be allowed to remain in the unit as long as the above-named person employs me.

I understand that my employer’s medical provider has verified that I am am not permitted to be employed outside the unit while I am a Live-in Aide.

I understand that I do not pay an income-based rent, am not a Tenant under the Lease, and have no rights under the Lease. If, under any circumstances, I am found to be in violation of the Lease and/or House Rules, my employer will be required to terminate my services and my employer and/ or Public Housing Authority will require that I vacate the unit immediately. I also acknowledge that any violation by me under the Lease and/or House Rules, as well as the rules and regulations of the public housing program, may subject my employer to termination of the Lease by Public Housing Authority. I agree to hold Public Housing Authority harmless from liability as a result of injury or loss while employed by _____.

I also understand that if my employer moves out of public housing, is evicted, abandons the unit, vacates the unit as a result of Lease termination or expiration, or dies, I will not be entitled to any benefits under the Lease or continued housing and agree to vacate the unit immediately.

Live-in Attendant

Date

Resident

Date

Address

Phone

Housing Authority Staff

Date

Note: Social Security Card and Photo I.D. must be provided



REQUEST FOR A LIVE-IN AIDE AS A REASONABLE ACCOMMODATION

This form is to be used by an applicant applying for housing or by a resident of PHA housing to request the addition of a live-in aide to the applicant/resident's household and an additional bedroom in the unit. This is requested because of the applicant/resident's disability.

This form should be filled out by the applicant/resident with a disability unless the individual is a minor or cannot do this as a direct result of his/her disability. In this case the applicant/resident's designee may fill out the form.

Please let the property management staff know if you need assistance in filling out this form. PHA staff will assist when requested to do so. Applicants should send the completed form with their housing application to the Occupancy Department. Residents should deliver or mail this form to their Property Manager.

Date of Request: _____

1) Name of the applicant/resident with a disability requesting the accommodation:

Name: _____

Phone: _____

Address: _____

2) Name of person filling out this form if not the individual listed above:

Name: _____

Phone: _____

Address: _____

3) I need a live-in aide as a result of my disability.

4) I also need an extra bedroom for the live-in aide.

5) You may verify that I have a disability (**but not the nature or severity of the disability**) and my need for this request as a direct result of my disability by contacting the following person: (Give name, address, phone number of your health care provider):



Name: _____

Title: _____

Address: _____

Phone: _____

Release of Information:

I give you permission to contact the above individual(s) to verify that I, or a family member that is under my guardianship, has a disability and needs the Reasonable Accommodation/Structural Modification requested above as a direct result of this disability. I understand that the information you obtain will be kept completely confidential and used solely to determine if you will provide an accommodation/modification.

Signed: _____ Date: _____

The HUD Fair Housing rules prohibit discrimination in housing based on color, race, religion, national origin, sex, familial status, disability, gender identity or sexual preference.



**QUALIFIED MEDICAL PRACTITIONER'S
CERTIFICATION OF NEED FOR A LIVE-IN AIDE**

Date: _____

Dear _____(name of medical provider)

_____ (name of Applicant/Resident) has given the Housing Authority permission to contact you (see attached) to verify that he/she has a disability within the meaning of the definition provided below, and **as a direct result of his/her disability**, needs a a live-in aide. Please **do not** send us medical records or disclose what type of disability he/she has. Please return this form to: _____ using the stamped self-addressed envelope provided. Thank you.

Please answer the following questions:

1) In my opinion, the Applicant or Resident has a disability as defined by one of the categories below:

yes No No Knowledge

- a. Has a physical or mental impairment that substantially limits one or more major life activities;
- b. Has a record of having such an impairment;
- c. Is regarded as having such impairment.

Note: For the purpose of this form, the term physical or mental impairment includes, but is not limited to, such diseases and conditions as orthopedic, visual, speech, and hearing impairments, cerebral palsy, autism, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, Human Immunodeficiency Virus infection, mental retardation, emotional illness, and drug addiction (not current illegal use of a controlled substance). The term major life activity includes, but is not limited to walking, seeing, hearing, speaking, breathing, learning, and working.

2) The applicant/resident has requested a live-in aide and an extra bedroom in his/her unit for the live-in aide.

3) In my opinion the applicant/resident needs a line-in aide as a direct result of his/her disability in order for him/her to apply for and/or reside in a Public Housing unit.

Yes No No Knowledge



4) The following individual has been proposed as the live-in aide: _____
_____. In my opinion this individual is qualified to provide the
services the applicant/resident needs.

Yes No No Knowledge

5) In my opinion it is is not appropriate for the live-in aide to be employed
outside the home.

Date

Signature

Title of Individual Supplying Information

Address

Phone

PENALTIES FOR MISUSING THIS CONSENT

Title 18, Section 1001 of the U.S. Code states that a person who knowingly and willingly making false and fraudulent statements to any department of the United States Government, HUD, the PHA, and any owner (or any employee of HUD, the PHA, or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information. Use of the information collected based on this verification form is restricted to the purposes cited above.

If you have any questions about filling out this form, please call the **ADA Coordinator**,
Telephone () - or TTY () - .

The Fair Housing Act prohibits discrimination in housing based on color, race, religion,
national origin, sex, familial status, sexual preference, gender identity or disability.



REQUEST FOR REASONABLE ACCOMMODATION or STRUCTURAL MODIFICATION

This form is to be used by an applicant applying for housing or by a resident of PHA housing to request a change in a rule, policy, procedure, or a physical modification to his/her unit, building common areas, or non-housing program because of his/her disability.

This form should be filled out by the applicant/resident with a disability unless the individual is a minor or cannot do this as a direct result of his/her disability. In this case the applicant/resident's designee may fill out the form.

Please let the property management staff know if you need assistance in filling out this form. PHA staff will assist when requested to do so. Applicants should send the completed form with their housing application to the Occupancy Department. Residents should deliver or mail this form to their Property Manager.

Date of Request: _____

1) Name of the applicant/resident with a disability requesting the accommodation:

Name: _____

Phone: _____

Address: _____

6) Name of person filling out this form if not the individual listed above:

Name: _____

Phone: _____

Address: _____

7) I need the following change as a result of my disability. Check the kind of change(s) needed:

- For current residents: A change in the apartment, some other part of the housing complex, or a non-housing program operated at the complex or other PHA facility. Please be specific about what you need – use the other side of this paper, if necessary.



- For applicants: A specific type of unit, unit features, building features or non-housing program operated at the complex. Please be specific about what you need – use the other side of this paper, if necessary.

- A change in a PHA rule or procedure or the way the Housing Authority communicates with me. Please list the rule or communication method and be specific about the change you need– use the other side of this paper, if necessary.

- 8) You may verify that I have a disability (**but not the nature or severity of the disability**) and my need for this request as a direct result of my disability by contacting the following person: (Give name, address, phone number of your health care provider):

Name: _____

Title: _____

Address: _____

Phone: _____

Release of Information:

I give you permission to contact the above individual(s) to verify that I, or a family member that is under my guardianship, has a disability and needs the Reasonable Accommodation/Structural Modification requested above as a direct result of this disability. I understand that the information you obtain will be kept completely confidential and used solely to determine if you will provide an accommodation/modification.

Signed: _____ Date: _____

The HUD Fair Housing rules prohibit discrimination in housing based on color, race, religion, national origin, sex, familial status, disability, gender identity or sexual preference.



REQUEST FOR AN ASSISTANCE ANIMAL AS A REASONABLE ACCOMMODATION

This form is to be used by an applicant applying for housing or by a resident of PHA housing to request the addition of an assistance animal. This is requested because of the applicant/resident's disability.

This form should be filled out by the applicant/resident with a disability unless the individual is a minor or cannot do this as a direct result of his/her disability. In this case the applicant/resident's designee may fill out the form.

Please let the property management staff know if you need assistance in filling out this form. PHA staff will assist when requested to do so. Applicants should send the completed form with their housing application to the Occupancy Department. Residents should deliver or mail this form to their Property Manager.

Date of Request: _____

1) Name of the applicant/resident with a disability requesting the accommodation:

Name: _____

Phone: _____

Address: _____

9) Name of person filling out this form if not the individual listed above:

Name: _____

Phone: _____

Address: _____

10) I need an assistance as a result of my disability. Under HUD's rules the term "assistance animal" includes both a service animal (a dog specifically trained to perform a service for an individual with a disability) or a companion/comfort animal (a dog, cat, guinea pig, gerbil, hamster, caged bird, or some other animal commonly kept in the home). An assistance animal cannot be livestock, any animal that poses a danger to staff or other residents or an animal that is not typically kept in a home.

11) You may verify that I have a disability (**but not the nature or severity of the disability**) and my need for this request as a direct result of my disability by contacting the following person: (Give name, address, phone number of your health care provider):



Name: _____

Title: _____

Address: _____

Phone: _____

Release of Information:

I give you permission to contact the above individual(s) to verify that I, or a family member that is under my guardianship, has a disability and needs the Reasonable Accommodation/Structural Modification requested above as a direct result of this disability. I understand that the information you obtain will be kept completely confidential and used solely to determine if you will provide an accommodation/modification.

Signed: _____ Date: _____

The HUD Fair Housing rules prohibit discrimination in housing based on color, race, religion, national origin, sex, familial status, disability, gender identity or sexual preference.



**QUALIFIED MEDICAL PRACTITIONER'S
CERTIFICATION OF NEED FOR REASONABLE
ACCOMMODATION or STRUCTURAL MODIFICATION**

Date: _____

Dear _____(name of medical provider)

_____ (name of Applicant/Resident) has given the Housing Authority permission to contact you (see attached) to verify that he/she has a disability within the meaning of the definition provided below, and **as a direct result of his/her disability**, needs a change in a rule, policy, procedure, or service, or a physical change in an apartment, other facility or non-housing program. Please **do not** send us medical records or disclose what type of disability he/she has. Please return this form to: _____ using the stamped self-addressed envelope provided. Thank you.

Please answer the following questions:

6) In my opinion, the Applicant or Resident has a disability as defined by one of the categories below:

yes No No Knowledge

- d. Has a physical or mental impairment that substantially limits one or more major life activities;
- e. Has a record of having such an impairment;
- f. Is regarded as having such impairment.

Note: For the purpose of this form, the term physical or mental impairment includes, but is not limited to, such diseases and conditions as orthopedic, visual, speech, and hearing impairments, cerebral palsy, autism, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, Human Immunodeficiency Virus infection, mental retardation, emotional illness, and drug addiction (not current illegal use of a controlled substance). The term major life activity includes, but is not limited to walking, seeing, hearing, speaking, breathing, learning, and working.

7) The applicant/resident has requested the following accommodation and/or physical modification to a unit or other facility. _____



8) In my opinion the applicant/resident needs the above accommodation/modification as a direct result of his/her disability in order for him/her to apply for and/or reside in a Public Housing unit.

Yes No No Knowledge

9) In my opinion, as a direct result of the applicant/tenant's disability he/she needs additional physical modifications to the unit or common area or reasonable accommodations to the rules and policies of the housing development or auxiliary aides or services be in order for the Applicant or Resident to apply for or reside in a Public Housing unit.

Yes No No Knowledge

If yes, please describe:

Date

Signature

Title of Individual Supplying Information

Address

Phone

PENALTIES FOR MISUSING THIS CONSENT

Title 18, Section 1001 of the U.S. Code states that a person who knowingly and willingly making false and fraudulent statements to any department of the United States Government, HUD, the PHA, and any owner (or any employee of HUD, the PHA, or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information. Use of the information collected based on this verification form is restricted to the purposes cited above.

If you have any questions about filling out this form, please call the **ADA Coordinator, Telephone () - or TTY () - .**

The Fair Housing Act prohibits discrimination in housing based on color, race, religion, national origin, sex, familial status, sexual preference, gender identity or disability.



REASONABLE ACCOMMODATION AGREEMENT

For Applicants

Address: _____

Telephone Number/TTY: _____

Date: _____

RE: Applicant's Name: _____

Address: _____

PHA agrees to make the reasonable accommodation(s) described below, to provide the named applicant an equal opportunity to apply for or reside in PHA housing. This agreement is being entered into solely to permit the applicant an equal opportunity to use and receive the benefits of PHA housing. It is not a lease addendum and shall not be enforced as a pre-condition for a continued occupancy.

Description of Accommodation:

Applicant Name: _____

Signature: _____

Manager's Name: _____

Signature: _____

Date Agreement Executed: _____

Note: send copy to 504/ADA Coordinator



REASONABLE ACCOMMODATION AGREEMENT

For Residents

Address: _____

Telephone Number/TTY: _____

Date: _____

RE: Resident's Name: _____

Address: _____

PHA agrees to make the reasonable accommodation(s) described below, to provide the resident an equal opportunity to reside in public or assisted housing.

Description of Accommodation(s):

Resident Name: _____

Signature: _____

Manager's Name: _____

Signature: _____

Date Agreement Executed: _____

Note: send copy to 504/ADA Coordinator



**RESIDENT’S REASONABLE ACCOMMODATION or
STRUCTURAL MODIFICATION DETERMINATION NOTICE**

Date: _____

Resident’s Name: _____

Address: _____

Accommodation Requested: _____

A determination has been made that the PHA will will not be able to offer the accommodation/modification proposed above.

- The request was approved because your medical provider confirmed you meet the civil rights definition of disability and the change you requested is needed as a direct result of your disability.
- The request was denied because:
 - Your medical provider certified that your condition does not meet the civil rights definition of disability
 - Your medical provider certified that you do not need the change requested as a direct result of your disability
 - Your request would pose a fundamental alteration in the nature of the program.
 - Your request would pose an undue financial and administrative burden to the PHA.

PHA will contact you within 5 business days from the date of mailing this notice to arrange a meeting to discuss the determination. For approvals, staff will review how and when your request will be made. You will be asked to sign a Reasonable Accommodation Agreement at that time.

If you disagree with this determination, you must begin the grievance process within 10 days, either verbally or in writing with the property manager upon notification of ineligibility. Refer to the PHA grievance procedure for more information. If you do not file a grievance within 30 days of receiving the ineligibility notice, the case will be considered closed.

This form was completed by:

Name: _____ Signature: _____

Job Title: _____ Date: _____



**APPLICANT'S REASONABLE ACCOMMODATION or
STRUCTURAL MODIFICATION DETERMINATION NOTICE**

Date: _____

Applicant's Name: _____

Address: _____

Accommodation Requested: _____

A determination has been made that the PHA will will not be able to offer the accommodation/modification proposed above.

- The request was approved because your medical provider confirmed you meet the civil rights definition of disability and the change you requested is needed as a direct result of your disability.
- The request was denied because:
 - Your medical provider certified that your disability does not meet the civil rights definition of disability
 - Your medical provider certified that you do not need the change requested as a direct result of your disability
 - Your request would pose a fundamental alteration in the nature of the program.
 - Your request would pose an undue financial and administrative burden to the Agency.

PHA will contact you within 5 business days from the date of mailing this notice to arrange a meeting to discuss the determination. For approvals, staff will review how and when your request will be made. You will be asked to sign a Reasonable Accommodation Agreement at that time.

If you disagree with this determination, you must request a hearing within 30 days of this notice, either verbally or in writing with the occupancy. Refer to the PHA informal hearing procedure for more information. If you do not request a hearing within 30 days of receiving this notice, the case will be considered closed.

This form was completed by:

Name: _____ Signature: _____

Job Title: _____ Date: _____



Public Housing Authority
 PHA Address, phone number and email address
Person with Disability

Name _____	Date _____
Address _____ Last 4 digits SS# _____	

Public Housing Authorities are required to verify that applicants or residents claiming to be persons with disabilities meet Federal definitions to determine eligibility for the housing and to grant deductions used to compute rent. The resident has signed a release form below giving you permission to supply us with this information. Please fill out the form below and return it at your earliest convenience.

Sincerely yours, _____

For the purpose of granting income deductions, HUD defines a disabled person in 3 ways:

1 A disabled person is one with an inability to engage in any substantial gainful activity because of any physical or mental impairment that is expected to result in death or has lasted or can be expected to last continuously for at least 12 months; or for a blind person at least 55 years old, inability because of blindness to engage in any substantial gainful activities comparable to those in which the person was previously engaged with some regularity and over a substantial period. **(Section 223 of the Social Security Act, 42 USC 423)**

2 A disabled person is also one who has a physical, emotional or mental impairment that:

- a. is expected to be of long-continued or indefinite duration;
- b. substantially impedes the person's ability to live independently;
- c. is such that the person's ability to live independently could be improved by more suitable housing conditions.

3 A developmentally disabled person is one with a severe chronic disability that: (Section 102 (5)(b) of the Developmental Disabilities Assistance and Bill of Rights Act 42 USC 6001 (5))

- a. is attributable to a mental and/or physical impairment;
- b. is manifested before age 22;
- c. is likely to continue indefinitely;
- d. results in substantial functional limitations in three or more of the following areas: capacity for independent living, self-care, receptive and expressive language; learning, mobility, self-direction, and economic self-sufficiency AND
- e. requires special interdisciplinary or generic care treatment, or other services which are of extended or lifelong duration and are individually planned or coordinated.

I hereby certify that the person named above should be considered disabled in accordance with definition number 1, 2, or 3 above. _____

Name and Title _____ Date _____

Signature _____

TENANT/APPLICANT RELEASE

I, _____, hereby authorize the release of the requested information.

Signature _____ Date _____



Public Housing Authority
PHA Address, phone number and email address
DISABILITY EXPENSE ALLOWANCE VERIFICATION

(Transmittal Letter)

Dear Sir or Madam:

Federal law permits the deduction from income of expenses required for a family member with disabilities for attendant care or auxiliary apparatus when the expense permits an adult family member (including the person with a disability) to work. Verification of the need for and amount of such expenses can result in a reduced rent for the family.

Will you please fill in the information or certify as to the need for attendant care or auxiliary apparatus as requested on the attached form? Once completed please return it to us as soon as possible. We will keep the information in strict confidence and will use it to determine the family's eligibility for reduced rent.

Sincerely, _____

TENANT/APPLICANT RELEASE

I/We, _____
_____, hereby give consent for the information sought by this letter to be released as requested.

Signature

_____ Date



Public Housing Authority
PHA Address, phone number and email address

CERTIFICATION OF NEED FOR PERSON WITH DISABILITIES

FOR ATTENDANT CARE AUXILIARY APPARATUS

Name of family member with disability: _____

Full name and address of professional completing this certification:

Name: _____

Address: _____

I certify that the above-named person requires the services of an attendant or the use of auxiliary apparatus to enhance his/her ability to live independently.

The availability of the care or auxiliary apparatus enables:

- the person with a disability named above to work, and/or
- other family member(s) to work.

If further information is required, please contact _____
by calling (____) _____ - _____.

Signature _____

Date _____

Title _____



Public Housing Authority
PHA Address, phone number and email address

ATTENDANT CARE VERIFICATION

TO WHOM IT MAY CONCERN: Public Housing Authorities are required by Federal Law to verify the cost of attendant care for residents with disabilities so that the costs may be taken into consideration when computing rent. You will note that the resident has signed a release form below, giving you permission to supply us with this information. If you could fill out the form below and return it, it would be most appreciated.

Sincerely yours, _____

I hereby certify that I provide care for _____ (disabled person) and that this care enables _____ to earn employment income.

During the year beginning _____ and ending _____, I will be providing care _____ hours per week, for _____ weeks of the year. My rate of pay is _____ per hour, and I will be paid once every Week Month.

Hours when I will be providing care area as follows:

Monday:	_____	hours
Tuesday:	_____	hours
Wednesday:	_____	hours
Thursday:	_____	hours
Friday:	_____	hours
Saturday:	_____	hours
Sunday:	_____	hours

Date: _____ Name: _____

#: _____ Signature: _____ Phone _____

Title: _____

I, _____, hereby authorize the release of the requested information

Signature

Date



Public Housing Authority
PHA Address, phone number and email address

**EMPLOYER'S CERTIFICATION OF NEED FOR
AUXILIARY APPARATUS TO PERMIT EMPLOYMENT**

Name of family member with disabilities: _____

Full name and address of employer completing this certification:

Name: _____

Address: _____

I certify that the above-named person is employed by our agency/firm; and that the use of auxiliary apparatus is necessary for his/her employment.

If further information is required, please contact _____
by calling (____)____-_____.

Signature

Date

Title

I, _____,
_____ hereby authorize the release of the requested information

Signature

Date



Public Housing Authority
 PHA Address, phone number and email address
AUXILIARY APPARATUS COST VERIFICATION SHEET
FAMILY MEMBER WITH DISABILITY

Family member's name: _____ Age: _____

1. Indicate the type of apparatus furnished to the disabled family member:

wheelchair reading device
 walker other: _____

2. Indicate if apparatus is leased or purchased:

Date purchased: _____ / _____ / _____ Cost: \$ _____
 Date leased: _____ / _____ / _____ Cost: \$ _____

3. Are installment or lease payments being made? Yes No
 If yes, indicate frequency and amount: \$ _____, weekly monthly

4. Term of installment purchase or lease: __ (# of months), from _____ to _____

5. Estimated apparatus costs for upcoming 12 months \$ _____.

Equipment added to vehicles to permit use by a disabled individual:

6. Describe type of equipment: _____

7. Estimated cost (labor and materials): \$ _____

8. Type of vehicle modified:

Car: make _____ model _____ year _____ tag # _____
 Truck: make _____ model _____ year _____ tag # _____
 Van: make _____ model _____ year _____ tag # _____
 _____ Date modified: _____ / _____ / _____.

9. Are payments being made on vehicle modifications? yes no
 If yes, indicate frequency and amount: \$ weekly _____ monthly _____ other: _____

10. Term of installment purchase:(# of months), From _____ To _____

11. Estimated vehicle modification costs for upcoming 12 months: \$ _____

12. Name of individual or company that has or will provide apparatus or vehicle modification:
 Name: _____ Phone #: _____
 Address: _____
 Contact person: _____

 Signature/Date/Title

I, _____, hereby authorize the release of the requested information _____

Signature _____ Date _____

Filename: 504 package, final (2).doc
Directory: /Users/maryannruss/Library/Containers/com.microsoft.Word/
Data/Documents
Template: Normal.dotm
Title: Procedure on Affirmative Marketing
Subject:
Author: Abt
Keywords:
Comments:
Creation Date: 4/8/22 1:51:00 PM
Change Number: 2
Last Saved On: 4/8/22 1:51:00 PM
Last Saved By: MaryAnn Russ
Total Editing Time: 2 Minutes
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As of Last Complete Printing
Number of Pages: 58
Number of Words: 16,579
Number of Characters: 100,360 (approx.)