

Reasonable Accommodations Procedure¹

General Provisions. It is [management's] policy to comply with all Fair Housing regulations, including Section 504 of the Rehabilitation Act of 1973, as amended. Section 504 prohibits discrimination against persons with disabilities in any program or activity receiving Federal financial assistance. [Management] provides "reasonable accommodation" to clients if they or any household member(s) have a disability and if the reasonable accommodation is necessary to provide an equal opportunity to live in the apartment complex and use its services.

A reasonable accommodation is a modification or change management can make to its facilities, policies, or procedures that will assist an otherwise eligible client with a disability to take advantage of management's programs, provided that the change does not pose an undue financial and administrative burden to management or require a fundamental change in its program.

A resident's household 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 management, to avoid disturbing their neighbors, etc.

Management will thoroughly and promptly consider any request for reasonable accommodation, and will explain the basis for any denial as well as the right to appeal such denial, to the individual who has made such a request. This dialog will also include discussions relating to problem solving for the client.

Accessibility. The process for requesting a reasonable accommodation will be accessible to all persons. All communications that are a part of the process should be in plain language that the client can understand, in a format that meets the needs of the person with a disability. If necessary, a format other than written documentation should be used in certain cases. Any meetings concerning a client's request for reasonable accommodation shall be held in a location accessible to the client.

Notification. All clients, whether applying for residency or a current resident, are notified of the option to request a reasonable accommodation. Persons who request an apartment application and those who sign a lease are given a copy of the HUD brochure *fair housing – it's your right* and *Resident Request for a Reasonable Accommodation*.

These procedures are available for review by clients upon request.

¹ Resources include ADA, Inc. (Pittsburgh), Fair Housing Institute (Georgia), Boston Housing Authority, HUD.

Processing a Request for Reasonable Accommodation. When a resident makes a request for a reasonable accommodation, follow the procedure outlined below.

Responsibility of:	Action
Manager or SC	<p>Give resident copies of:</p> <ul style="list-style-type: none"> ▪ The HUD brochure, <i>fair housing – it’s your right</i> ▪ <i>Request for a Reasonable Accommodation</i> <p>Review with resident how to complete <i>Request for a Reasonable Accommodation</i>, including requirement that Request must be signed by a qualified medical professional.</p> <p>Instruct the resident to return the completed <i>Request</i> to either the site manager or service coordinator.</p>
Resident	<p>Have <i>Request</i> completed by qualified medical professional.</p> <p>Return completed <i>Request</i> to site manager or service coordinator.</p>
Manager or SC	<p>Date stamp completed <i>Request</i> as soon as resident turns it in.</p> <p>Verify address and phone number.</p> <p>Copy to site manager, property manager, and/or service coordinator.</p> <p>Place original <i>Request</i> in resident file.</p> <p>Log the request in Reasonable Accommodations log. Include date received, name of resident and accommodation requested.</p>
Position assigned to make determination on requests for reasonable accommodation	<p>Review <i>Request</i>.</p> <p>Meet and/or discuss <i>Request</i> with resident, if necessary.</p> <p>If additional information is necessary to make a decision, obtain a signed Release of Information. The resident should provide the requested information, or otherwise respond within a reasonable time period.</p> <p>Research options/alternatives with appropriate agencies, e.g. CIL.</p> <p>Discuss recommendation and plan for implementation with manager.</p> <p>Respond to the resident in writing within 30 days after the date on which the completed <i>Request</i> was received by manager or SC. If the request is denied, explain the basis for the decision and the reasons for the denial in writing.</p> <p>Place a copy of response in resident file.</p>
Manager - or SC if the request is related to SC functions	<p>If the Request was approved, implement the approved accommodation.</p> <p>Log decision, date of resident notification, and date of implementation (if approved) in Reasonable Accommodations log.</p> <p>Keep written record in resident file of decision to grant or deny <i>Request</i> for at least seven (7) years from the date of the request.</p>

Resident Request for a Reasonable Accommodation

Top portion to be completed by the Resident.

Name: _____ Phone: _____

Address: _____

Name of household member with a disability: _____

I am requesting the following accommodation (exception to the usual rule or policy) so that the person named above can live here successfully:

_____ A change in my apartment or other part of the housing complex.

_____ A change in a rule or the way things are done.

Explain in detail the changes needed. Use the other side of this sheet if necessary:

The following portion to be completed by a Qualified Medical Professional.

1. Is this resident disabled? Yes _____ No _____ I don't know _____

The Fair Housing Act defines disability as a physical or mental impairment that substantially limits one or more major life activities. The Supreme Court has determined that to meet this definition a person must have an impairment that prevents or severely restricts the person from doing activities that are of central importance in most peoples' daily lives.

2. Please describe how this disability restricts the resident in activities that are of central importance to his or her daily life:

3. Does this resident need the accommodation requested above to be able to live in his/her apartment community? Yes _____ No _____

4. If yes, please describe how this accommodation will enable the resident to use or enjoy this apartment community. _____

5. If necessary will you be willing to testify in a court of law concerning the information provided in this form? Yes _____ No _____

Signature of Medical Professional

Date

Print Name of Medical Professional

Phone

U.S. Department of Housing and Urban Development

451 7th Street, S.W., Washington, DC 20410

Telephone: (202) 708-1112 TTY: (202) 708-1455