

BROOKLINE HOUSING AUTHORITY

**REASONABLE ACCOMMODATION
IN HOUSING POLICY**

2012



**EQUAL HOUSING
OPPORTUNITY**

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REASONABLE ACCOMMODATION IN HOUSING POLICY

I INTRODUCTION

Reasonable Accommodation is the practice of making exceptions to policies and /or procedures, alterations to physical space design and layout, or holding an organizational or program standard in abeyance to provide an individual with a disability equal access and full enjoyment of the benefits of the programs administered by the Housing Authority. This Reasonable Accommodation in Housing Policy sets forth the policy and procedures of the Brookline Housing Authority (“BHA”). It is the policy of the BHA to make reasonable accommodations for qualified applicants or residents with disabilities for participation in BHA’s public and assisted housing programs and activities. The BHA is committed to ensuring that its policies and practices do not deny individuals with disabilities the opportunity to participate in, or benefit from, nor otherwise discriminate against individuals with disabilities in connection with the operation of the BHA’s housing services or programs solely on the basis of such disabilities.

The standards within this document set forth the general principles for consideration of a reasonable accommodation request by the BHA. If any conflicts exist or arise between this document and guidance issued by the U.S. Department of Housing and Urban Development, or existing or future statutes, regulations, or other legal requirements, the BHA shall follow the other requirements. The term "applicant" as used in these guidelines only refers to the individual requesting a reasonable accommodation, whether the person is applying for Section 8 assistance, residency at the BHA or is already a BHA resident or Section 8 participant.

A copy of this Reasonable Accommodation in Housing Policy (“RAHP”) is on file at the BHA Offices located at 90 Longwood Avenue Brookline, MA.

The Reasonable Accommodation in Housing Policy outlined here applies to BHA applicants, residents and participants who are qualified individuals with a disability under applicable law. The BHA may require reliable documentation or verification of the disability. Verification of disability will not require a description of the cause of the disability, diagnosis or medical records. The BHA may also require verification that the individual needs the accommodation and that the accommodation is likely to be effective. In the case of a denial the BHA will explain the basis for such to the requester.

II COMMUNICATIONS WITH DISABLED APPLICANTS OR RESIDENTS

The BHA shall take appropriate steps to assure effective communication with applicants and residents who are disabled, and shall furnish appropriate auxiliary aids and services where necessary to facilitate communication with an individual who has a disability. However, the BHA is not required to take any action which would result in a fundamental alteration in the nature of the housing program or constitute an undue financial or administrative burden to the BHA.

The BHA shall prepare documents in clear and simple language, to the extent possible, to assist persons with learning and cognitive disabilities. If requested by persons with such disabilities, BHA staff will explain written material verbally, and possibly more than once, and if necessary assist the individuals or obtain assistance for them in filling out any necessary forms.

If an applicant or resident with a disability so requests, the BHA will permit an advocate, friend or service provider to assist the person at any meetings, conferences or interviews. Upon request of an applicant or resident with a disability, the BHA will arrange to send a copy of any BHA notice to an authorized third party representative as well as to the applicant or resident.

Telecommunication devices for deaf persons (TDD's) are available for use by the applicant/resident.

III HOUSING AUTHORITY INQUIRIES

Provided that the following inquiries are made of all applicants, whether or not they have a disability, BHA staff may inquire into an applicant's ability to meet the requirements of the BHA lease; into whether an applicant is a current illegal abuser of a controlled substance, abuses alcohol or has a criminal record; or into whether the applicant has a need for a specially designed apartment.

If an applicant requests a specially designed apartment or applies for housing available only to persons with a disability, or for a preference or rent deduction available only to persons with a disability, BHA staff may ask whether he or she has a qualifying disability. If an applicant with a disability applies for a specially designed unit, BHA staff may ask the applicant to verify that his/her condition warrants the special features. In addition, if the applicant requests a reasonable accommodation, he or she may be asked to verify the disability and the need for the requested accommodation as allowed under applicable law.

With the exceptions stated above, BHA may not, at any interview or at any other time, inquire as to whether the applicant or any proposed household member or person associated with a household member has a disability nor may they inquire as to the nature or severity of a disability or regarding its treatment.

IV PROCEDURES

A. NOTICE

A written Notice Regarding Reasonable Accommodation, (hereinafter "Notice") attached as Exhibit A, will be provided by the Housing Authority. For Section 8 participants and Public Housing Residents. The Notice shall be provided at initial screening and upon request. Further, a copy of this Notice shall also be posted conspicuously at the BHA office.

B. REQUEST

Upon request made to the BHA for such form, any applicant shall be provided with a Request for Reasonable Accommodation Form (See Exhibit B). A copy of the BHA's RAHP shall also be made available upon request. It is the responsibility of the applicant to request a reasonable accommodation. The use of the BHA Form is not a requirement to make a reasonable accommodation request.

A resident or participant may request reasonable accommodation for disability at any point during his/her tenancy or program participation.

C. ASSESSMENT OF REQUEST

[1] When the Request for Reasonable Accommodation is received by the BHA, it shall be reviewed by a member of BHA staff who will determine whether any further information is needed from the applicant. Once the requested information and/or verification is obtained and reviewed, the BHA staff member shall make his or her recommendation on denial or approval of the request.

[2] Where the BHA determines that additional information is needed from an applicant who has requested reasonable accommodation, he/she shall inform the applicant in writing as soon as practicable and provide a reasonable time period for the applicant's response but no less than 20 days from the date of the letter. See Request for Additional Documentation for Reasonable Accommodation attached as Exhibit C. In addition the Housing Authority may send a reasonable accommodation certification of need directly to a provider if additional information is required and the tenant has provided an appropriate release of information. See Certification of Need for Reasonable Accommodation attached as Exhibit D

[3] Where the BHA believes that a meeting with an applicant requesting reasonable accommodation would be useful in evaluating the request, he/she shall inform the applicant in writing as soon as practicable and identify the issue(s) involved. An applicant with a disability who requests a reasonable accommodation may also ask for a meeting with the BHA if he or she feels it would be useful in evaluating the request. A sample Letter for a Meeting about Reasonable Accommodation is attached as Exhibit E.

[4] Generally, a request for reasonable accommodation shall be granted when the following three requirements are met:

(a) the subject of the request is a qualified individual with a disability under applicable law, (For purposes of providing a reasonable accommodation, a person with a disability means an individual who has a physical or mental impairment that substantially limits one or more major life activities. There are certain exceptions such as a current illegal user of a controlled substance.)

(b) the requested accommodation is necessary, because of the disability, to provide an equal opportunity to use and enjoy the housing, and

(c) the requested accommodation is reasonable. A request shall be considered "reasonable" if it does not create an undue financial or administrative burden or constitute a fundamental alteration in the nature of the housing program.

[5] The factors which shall be considered in determining whether a requested accommodation would create an undue financial or administrative burden on the BHA are:

- a. the nature of the accommodation;

- b. the cost of the accommodation;
- c. the BHA's financial and administrative resources;
- d. the size of the housing program;
- e. the type of unit or facilities involved; and
- f. the possibility of recouping costs from another source.

[6] In determining whether a requested accommodation would cause a fundamental alteration in the nature of the housing program, the BHA shall consider whether the accommodation sought would require it to conduct activities which extend beyond the scope of its primary purpose, i.e. to operate low-income public housing and to administer Section 8 assistance. For example, a request for the BHA to provide services not directly related to housing would constitute a fundamental change in the nature of the program the BHA provides.

[7] In determining whether reason for denial exists, the BHA may obtain verification of the reasons that the individual is requesting the accommodation such verification of disability and/or need for the accommodation, and may also seek advice from qualified professionals on alternative methods of accommodating the individual's needs.

[8] The determination of whether a requested accommodation constitutes an undue financial and administrative burden or a fundamental alteration in the housing program shall be made on an individual case basis, taking into consideration the circumstances and resources available at the time of the decision.

[9] If granting a requested accommodation would create an undue financial or administrative burden, the BHA shall comply with the request to the extent it can do so without undergoing undue burden(s). However, the requirement to comply to this limited extent will be applicable provided that to do so would still make the program usable for and accessible by the requester.

[10] If there are several different accommodations that would be effective in meeting the need of the disabled person, the BHA may select the accommodation which is most convenient and cost effective.

[11] If a requested accommodation is unlikely to provide the disabled individual with an equal opportunity to use and enjoy the housing, the BHA need not grant that accommodation.

[12] If the Housing Authority determines that there is still a high likelihood of the individual being a threat to the health or safety of others which cannot be eliminated by a modification of policies, practices or procedures or the provision of auxiliary aids and services in accordance with the plan and applicable law the BHA need not grant the accommodation. In making this determination the BHA will make an individualized assessment based upon reasonable judgment that relies on current medical knowledge or on the best available objective evidence to ascertain: the nature, duration, and severity of the risk; the probability that the potential injury will actually occur; and whether reasonable modification of policies practices or procedures will mitigate the risk.

[13] The BHA retains the right to deny a request for Reasonable Accommodation if allowed under applicable law although not described specifically herein. In all such cases the reasons shall be so stated in the notice of denial.

D. DECISION ON REQUEST

[1] The decision on an applicant's Request for Reasonable Accommodation shall be made by the Housing Authority within 45 days after the date upon which the request is submitted or if applicable within 45 days after the date upon which any additional information or verification reasonably necessary for his or her decision is provided.

[2] Any denial of an applicant's request for reasonable accommodation shall explain to the applicant in writing the basis for the decision and the reason(s) why the request is being denied. The applicant shall also be informed of his or her right to request in writing an Informal Review for Section 8 Applicants/Participants or an Informal Hearing for Public Housing Applicants/Residents¹ on the decision. A sample Denial of Request for Reasonable Accommodation form is attached as Exhibit F, and shall be used by the BHA to communicate and document any denial.

[3] Any approval or conditioned approval of an applicant's request for reasonable accommodation shall be communicated in writing to the applicant. It shall describe the accommodation that will be provided, including any terms, conditions and performance expectations that would be subject to the applicant's agreement, and shall indicate the date for implementation, which shall be as soon as practicable and except as explained in the approval notice no later than 45 days from the date of decision. A sample Reasonable Accommodation Approval Notice is attached as Exhibit G, and shall be used by the BHA to communicate and document any approval.

[4] Where an applicant's eligibility for admission to the BHA depends on whether his or her request for reasonable accommodation will be granted, the BHA will not take final action on the eligibility determination until a final decision has been made on the reasonable accommodation request, provided that the applicant is not determined to be ineligible based on other grounds.

E. LEASE VIOLATIONS AND EVICTIONS FOR PUBLIC HOUSING RESIDENTS

[1] Where a resident with a disability engages in a lease violation, BHA management shall approach the situation as with any other resident except that if the resident requests reasonable accommodation in order to comply with the lease, the request shall be considered.

[2] Although the BHA must make reasonable accommodation to enable a person with a disability to comply with the requirements of his/her lease, an accommodation is not reasonable if it would require a fundamental alteration in the nature of the program or would impose undue financial and administrative burdens on the BHA. Further, if the Housing Authority determines that there is still a high likelihood of the individual being a threat to the health or safety of others which cannot be eliminated by a modification of policies, practices or procedures or the provision of auxiliary aids and services in accordance with the plan and applicable law the BHA need not grant the accommodation.

¹ In cases where the underlying matter involving the request for a reasonable accommodation warrants an informal hearing for a Section 8 Participant such as termination of Section 8 assistance or rights under the HA grievance policy for certain Public Housing lease terminations, the manner of appeal for the denial of a reasonable accommodation request will be an informal hearing (Section 8) or grievance rights (Public Housing) on the matter.

[3] A resident or participant with a disability has the right to refuse reasonable accommodation. However, if a resident or participant who has refused reasonable accommodation engages in lease violating behavior, BHA management may enforce the lease or program requirements and seek appropriate remedies including eviction or termination as with any other resident or participant.

[4] If a disabled resident who has committed a lease violation requests a reasonable accommodation in order to comply with his/her lease, BHA management must in considering the request, determine whether it is reasonable to believe that the problem is not likely to recur with the accommodation sought. For this purpose, the BHA may request the resident to provide appropriate information, documentation or verification within a reasonable time period. If the BHA believes that, based on objective information, the accommodation is not likely to solve the lease problem, the accommodation may be denied.

[5] If a resident or participant with a disability engages in persistent lease or program violating behavior and refuses requests to discuss the problem or possible reasonable accommodation, BHA management shall proceed as it would with any other resident or participant under similar circumstances.

V OTHER GENERAL PROVISIONS

A. THIRD PARTY REPRESENTATIVES

Any individual with a disability who makes a reasonable accommodation request may authorize a third party representative to act on his or her behalf in dealing with the BHA or with verification services on the request.

Upon presentation of appropriate authorization, a third party representative may fill out and sign the Request for Reasonable Accommodation form for an individual with a disability.

B. CONFIDENTIALITY

[1] Except as provided at paragraph 4 below all information submitted to the BHA by a person requesting reasonable accommodation on the basis of disability or by any verification source which relate to the nature or effects of the disability shall be kept confidential and used solely to make a determination on the reasonable accommodation request. This information may not be revealed to other residents or to another housing provider who calls for a reference or to any BHA staff not involved in evaluating the reasonable accommodation request. This requirement does not, however, prevent BHA employees from stating to another housing provider whether the person has complied with BHA lease obligations.

[2] All decisions made by the BHA on a reasonable accommodation request shall be kept confidential except insofar as disclosure is necessary to implement an approved accommodation or to comply with the review and appeal procedures of the BHA.

[3] If the HA receives documentation from a verification source that contains the individual's specific diagnosis, information regarding the individual's treatment and/or information regarding

the nature or severity of the person's disability, the HA will dispose of this confidential information; this information will not be maintained in the individual's file. If the information needs to be disposed of the HA will note in the individual's file that verification of a disability (as opposed to a specific disability), and special features required was received, the date received and the name and address of the person/organization that provided the verification. See Exhibit H.

[4] Individuals requesting a reasonable accommodation based on disability shall upon request to the BHA be entitled to copies of all documents in their BHA files which relate to their reasonable accommodation request, in accordance with applicable law. In addition, upon written request of an individual with a disability access to such documents shall be provided to his or her authorized third party representative.

C. RECORDS

Provided that such does not violate any privacy or confidentiality laws or HUD directives, the BHA shall maintain in the individual file of any applicant or resident requesting reasonable accommodation copies of the following documents for a period of seven years from the date of the reasonable accommodation request: the Request(s) for Reasonable Accommodation; the Denial or Approval Notice(s); any final decision following an informal hearing; any settlement agreements; any decision(s) of BHA; any decision(s) of an administrative agency or a court; documentation that an approved accommodation has been implemented; and all correspondence between the applicant or resident and the BHA, and between the BHA and verification sources concerning the reasonable accommodation request.

However, to the extent a document is over seven years old, the accommodation is still in place and the item is still relevant to the verification of the disability and/or the accommodation, the BHA may elect to retain that documentation for additional time beyond the seven year period so as to provide an acceptable audit trail or for other administrative reasons.

D. NOTICE TO BHA EMPLOYEES

All new and current BHA employees shall be advised of the BHA's Reasonable Accommodation in Housing Procedures and their responsibilities thereunder.

E. DISCRIMINATION COMPLAINTS

The policies and procedures contained herein in no manner prevent a program applicant or participant from filing a complaint of discrimination with the appropriate agency. Complaints may be filed with HUD's Office of Fair Housing and Equal Opportunity and/or the Massachusetts Commission Against Discrimination, and/or in court.

Exhibit A: NOTICE REGARDING REASONABLE ACCOMMODATION

The BHA does not discriminate against applicants on the basis of their race, creed, color, religion, sex, national origin, marital or familial status, disability, age, receipt of public assistance or sexual preference. As such, the BHA provides “reasonable accommodation” to applicants, residents and program participants if they or any household member(s) have a disability or handicap and if the reasonable accommodation is necessary to provide an equal opportunity to use and enjoy the housing.

A reasonable accommodation is a change the BHA can make to its apartments or procedures that will assist an otherwise eligible applicant, resident or program participant with disability/handicap to take advantage of the BHA’s programs. This is provided that the change does not pose an undue financial and administrative burden to the BHA or require a fundamental change in its program.

Examples of reasonable accommodation may include: Installing flashing light smoke detectors in an apartment for a household with a hearing impaired member; making a reader available to a vision-impaired applicant during an interview; making a sign language interpreter available to a hearing-impaired applicant during an interview; permitting an outside agency to assist an applicant with a disability/handicap to meet the BHA’s applicant screening criteria, permitting requests for extensions of Housing Choice Vouchers or an exception payment standard if there is a difficulty in locating a unit with suitable accessible features or otherwise appropriate for the family.

An applicant household that has a member with a disability/handicap 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. This requirement takes into consideration whether any requested reasonable accommodation would permit the applicant to be considered eligible.

If you or a member of your household have a disability or handicap and think you might need or want a reasonable accommodation (this may include an alternative form of communication), you may request it in writing at any time in the application process or after admission. This is up to you. If you would prefer not to discuss your situation with the Housing Authority, that is your right.

You can get a Request for Reasonable Accommodation form at the Housing Authority Main office located at: _____ or by calling _____. If you require help in filling out that form or need to submit your request in some other way, you should contact _____ or TDD # _____.

(Translation Notice and Equal Housing Notice)

Exhibit B: REQUEST FOR REASONABLE ACCOMMODATION

NAME: _____ PHONE: _____

ADDRESS: _____

1. The following member of my household has a disability as defined below:

(A physical or mental impairment that substantially limits one or more life activities; or a record of having such an impairment; or regarded as having such an impairment)

Name: _____

Relationship or association with you* _____

2. As a result of this disability, I am requesting the following reasonable accommodation:

(Please check one or more boxes below.):

() A change in my apartment or other part of the housing development. Please specify _____

() A change in the following rule, policy or procedure. (Note that a change in how to meet the terms of the lease may be requested, but the terms of the lease must be met.) Please specify: _____

() Other (for example, a change in the way the BHA communicates with you). Please specify: _____

3. This request for reasonable accommodation is necessary so that I can: (please specify)

4. I have attached the following documentation to verify the disability and the need for the reasonable accommodation I have requested.

List the items you have attached such as information from professionals and/or service providers (remember the HA requires reliable documentation or verification of the disability but verification of disability does **not** require a description of the cause of the disability, diagnosis or medical records).

Letter from Physician _____

Letter from other provider _____

Other _____

I understand that the information obtained by the BHA will be kept completely confidential and used solely to make a determination on my reasonable accommodation request.

Please return this form as promptly as possible so that the BHA may make a determination on this request.

Signed: _____ Date: _____

[Head of household or authorized representative]

(Equal Housing Notice)

Exhibit C: REQUEST FOR ADDITIONAL DOCUMENTATION FOR REASONABLE ACCOMMODATION

Date: _____

To: Name _____

Address: _____

Address: _____

Dear _____:

You requested that the BHA make the following reasonable accommodation:

_____.

The BHA needs more information about _____

_____.

before we decide. We need more information because _____

The following is an example of the type of information you could provide to help us make the decision: _____

Please provide this information to us by _____ (not less than 20 days from date of this letter).

Please call _____ or TDD# _____. If you have questions or would like further information relating to this request. Thank you.

Sincerely,

(Name) _____

(Title) _____

Fair Housing Logo and Translation Notice

Exhibit D PART 1- CERTIFICATION OF NEED FOR REASONABLE ACCOMMODATION

NAME: _____ PHONE: _____
ADDRESS: _____

I have applied for reasonable accommodation in Brookline Housing Authority (BHA) housing and request that you fill out the following certification. Enclosed is a copy of my Request for Reasonable Accommodation.

Signed: _____ Date: _____

Please check any paragraph below which applies.

1. In my opinion, the Applicant/Resident has a disability as defined below. YES NO (If the answer is no please continue directly to signature area on the next page.)

A) A physical or mental impairment that substantially limits one or more major life activities.

B) A record of having such an impairment.

C) Is regarded as having such an impairment.

2. In my opinion, the Applicant's/Resident's disability requires that a wheelchair-accessible apartment be made available to the Applicant or Resident: YES NO

In my opinion, the following features are necessary for the Applicant/Resident's wheelchair accessible unit:

3. In my opinion, the Applicant's or Resident's disability requires that a fully accessible apartment or other physical modifications to the apartment or common area, including assistive technology, or reasonable accommodations to the rules and policies of the housing development or agency be made in order for the Applicant/Resident to have equal opportunity to live successfully in this housing. YES NO

If the answer is yes, please describe the special housing features, types of physical adaptation, assistive technology, or accommodations in rules or policies which are needed, or verify that the enclosed description of needed changes, requested by the Applicant or Resident, are necessary for equal enjoyment of the housing opportunity as a result of his/her disability.

The following change to the apartment or common area or to policies and procedures is necessary as a direct result of the Applicant/Resident's disability, for the Applicant/ Resident to have an equal housing opportunity. _____

OR

I do not believe the Applicant/Resident needs a change to the apartment or common area or to policies and procedures, as a result of his/her disability, to have an equal housing opportunity.

OR

I verify that the enclosed request for changes to the apartment or common area or to policies and procedures is necessary for the above named person, as a result of his/her disability, to have equal housing opportunity.

OR

I cannot verify that the enclosed request is necessary for changes to the apartment or common area or to policies and procedures for the above named person, as a result of his/her disability, to have equal housing opportunity

Please indicate, if applicable and you have such information, where any specialized equipment may be obtained.

Date: _____ Signature _____

Name (Please print)

Title of medical or rehabilitation professional or expert

Agency or Institution, if applicable

Address

Phone
If you have any questions about filling out this form, please call:

[name, title, phone number]

Please indicate how current your knowledge is regarding this individual
Within the last six months _____ Prior to the last six months _____

Exhibit D Part 2- COVER LETTER TO CERTIFICATION OF NEED FOR REASONABLE ACCOMMODATION REQUEST

Date:

Dear _____,

Enclosed is a Certification of Need form requesting that you to verify a disability and need for a reasonable accommodation in housing.

State and Federal laws require housing providers to make reasonable accommodations or changes to either the apartment, other parts of the housing complex, or to house rules, policies and procedures (not essential terms of the lease) if such changes are necessary to enable a person with a disability to have equal access to, and enjoyment of, the apartment and other facilities or programs at the site. These changes must be necessary as a result of the person’s disability.

The applicant or resident in question has requested the accommodation described on the enclosed Request for Reasonable Accommodation. Please indicate on the Certification of Need Form whether you believe the individual has a disability within the definition provided at section 1, and that the accommodation is necessary and will achieve its stated purpose. You may also add any other information that would be helpful in making the right accommodation for this person. If part of the applicant/resident’s reasonable accommodation plan includes services to be provided by your organization, please indicate whether your organization will provide those services, and if so, when those services would begin.

This form should not be used to discuss the person’s diagnosis or any other information that is not directly relevant to the request for an accommodation.

Please return this form by _____.

You can call _____(name, title, phone number if you have any questions. Thank you.

Please return the form to: _____

Sincerely,
(Name) _____
(Title) _____
(Phone #) _____

Exhibit E: LETTER FOR A MEETING ABOUT REASONABLE ACCOMMODATION

Date

Dear _____:

We have received your request for a reasonable accommodation. It would help us make our decision if we could meet with you. If because of your disability you will need special assistance at the meeting, please let us know immediately. You may bring someone to help you to the meeting.

We would like to meet on

[date, time, place]

If you cannot come at that time, please call

_____to arrange
[name, title, phone number or TDD _____]

At this meeting, we will talk about the accommodation you have requested

[describe issue simply and clearly including specific questions, if any].

Please come ready to talk about the changes you requested. Please bring copies of any information you think might help us understand what you need.

We look forward to meeting with you.

Thank you.
Sincerely,

(Name) _____
(Title) _____
(Phone #) _____

Fair Housing and Translation Notice

Exhibit F: DENIAL OF REQUEST FOR REASONABLE ACCOMMODATION

Date:

To: Name _____ Address: _____

Dear _____:

You requested the following change or reasonable accommodation:

_____.

We have denied your request because:

You do not meet the definition of a person with a disability and we are not required to provide a reasonable accommodation.

You do not need this accommodation in order to enjoy or participate equally in our housing.

We think the accommodation you requested is not reasonable because;

It will cost too much money and/or is more work than our staff can do (an undue financial or administrative burden).

It will change the fundamental nature of our program.

Based on the documentation you provided, we do not believe the accommodation you requested is likely to enable you to comply with the terms of your lease or program requirements.

We decided this because:

If you disagree with this decision, you may request an Informal Review Informal Hearing Grievance Hearing by writing to the Executive Director at the following address:

_____ within 20 days from the date of this letter.

Whether or not you exercise these BHA appeal rights, you may also file a fair housing complaint with the U.S. Department of Housing and Urban Development, 10 Causeway Street, Boston, MA 02222, or the Massachusetts Commission Against Discrimination, One Ashburton Place, Room 601, Boston, MA 02108 or in court.

Sincerely,

(Name) _____

(Title) _____

(Phone #) _____ (TDD#),

Translation and Fair Housing Notice

Exhibit G: REASONABLE ACCOMMODATION APPROVAL NOTICE

Date:

To: Name _____ Address _____

Dear _____:

As a result of your request, we have approved your request for the following change or reasonable accommodation:

[Description, including any terms, conditions and performance expectations and reason for such conditions]

We expect the accommodation to be completed on or about _____.

Please call _____ if you have any questions.

Fair Housing and Translation Notice

Exhibit H: STAFF VERIFICATION OF DESRUCTION OF REASONABLE ACCOMMODATION DOCUMENTATION DUE TO CONTENTS

Name of Client: _____

The BHA has received documentation from a verification source that contains:

- the individual's specific diagnosis or medical condition
- information regarding the individual's treatment
- information regarding the nature or severity of the person's disability

in relation to a reasonable accommodation request made by the above named client.

Due to the confidential nature of information the BHA has disposed of the documents. This form serves to verify that the BHA has reviewed the information provided and has made findings related thereto as otherwise documented within the client file (ie approval or denial of reasonable accommodation request) If an approval was granted this form serves to document that the BHA has verified the disability.

The information was received by the following provider on the following date: _____.

Name and title

address for the person/organization

address for the person/organization

Telephone number for the person/organization

BHA Staff Person: _____ Date: _____

Supervisor: _____ Date: _____