

Reasonable Accommodation Policy

Wayland Housing Authority



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REASONABLE ACCOMMODATION IN HOUSING POLICY

I INTRODUCTION

It is the Wayland Housing Authority's (hereinafter "WHA") policy to provide "reasonable accommodation" in housing for applicants and residents and Section 8 participants ("hereinafter "participants") with disabilities¹ where reasonable accommodation is necessary to provide them with an equal opportunity to use and enjoy WHA housing. This policy is in furtherance of the WHA's goal of providing affordable housing to low income persons regardless of disability and in compliance with applicable federal, state, and local law. A "reasonable accommodation" is a modification or change the WHA can make to its procedures and rules or to the person's apartment or to a common area which would assist an otherwise eligible person with a disability to benefit from WHA housing or programs, provided that the change does not pose an undue financial and administrative burden to the WHA or result in a fundamental alteration of its program.

The Reasonable Accommodation in Housing Policy (RAHP) outlined here applies to WHA applicants, residents and participants who are qualified "individuals with a disability" as set forth within. The WHA may require reliable documentation or verification of the disability (this will not require a description of the cause of the disability, diagnosis or medical records), that the individual needs the accommodation, and that the accommodation is likely to be effective. The WHA will thoroughly and promptly consider any request for a reasonable accommodation, and will explain the basis for any denial to the requester.

II. POLICY GUIDELINES

The following policy guidelines shall be in effect for assessing requests for reasonable accommodation by WHA applicants, residents and participants with disabilities. The guidelines are not intended to be an exhaustive compilation of rules or policies governing assessment by WHA of requests for reasonable accommodation. If any conflicts exist or arise between these guidelines and guidance issued by the U.S. Department of Housing and Urban Development, or existing or future statutes, regulations, or other legal requirements, the WHA 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 WHA or is already a WHA resident or Section 8 participant.

A. PROCEDURES

The WHA has developed and will implement these procedures through which individuals may request a reasonable accommodation.

The WHA shall make available to all persons applying for residency at the WHA, section 8 assistance, or currently WHA residents or participants, notice of the option to request a

¹ For purposes of this Reasonable Accommodation in Housing Policy, the term "disability" includes with its scope the term "handicap".

reasonable accommodation. The form for requesting a reasonable accommodation is available upon request.

Decisions on requests for reasonable accommodation will generally be made within thirty (30) days after the date on which the application is complete. If the WHA requests that an applicant supply additional information that is reasonably necessary for the WHA to make a decision on the applicant's request for an accommodation, the applicant should provide the requested information, or otherwise respond to the WHA's request, within a reasonable time period. The time period during which any interactive dialogue on the reasonable accommodation is occurring, or items relevant to the request are awaiting verification will extend the time frame for the decision.

If the WHA denies a request for a reasonable accommodation, it must explain to the applicant in writing the basis for its decision and reason why the request is being denied.

The WHA shall, consistent with applicable laws, keep information supplied by the applicant related to the nature or effects of the applicant's disability confidential and available only to persons within the WHA who are directly involved in decisions regarding the request for reasonable accommodation.

B. ASSESSMENT OF REQUESTS

[1] In determining whether reasons for denial exist, the WHA may obtain verification of the reasons advanced for an accommodation.

[2] In assessing requests for reasonable accommodation, the WHA shall consider the factors set forth below, in making its determination of whether or not to grant the request.

Determinative Factors:

1. Whether the applicant is a qualified "individual with [a] disability".
2. Whether the requested accommodation is related to the disability.
3. Whether the requested accommodation is "reasonable". A request for an accommodation shall be considered to be "reasonable" as long as it does not create an undue financial hardship or administrative burden or constitute a fundamental alteration in a housing program.

[3] The determination of whether an accommodation constitutes an undue financial or administrative burden shall be made on a case by case basis, taking into account the circumstances and resources available at the time of the decision.

[4] If granting the requested accommodation would create an undue financial or administrative burden, the WHA shall comply with the request to the extent it can do so without undergoing undue burden(s) as described above if it is determined that this modified accommodation would still make the program usable for an accessible by the individual requesting the accommodation.

[5] If granting the requested accommodation would constitute a fundamental alteration in the housing program, the WHA may deny the request.

If there are a number of different accommodations that would satisfy the needs of the person with the disability, the WHA may select the option which is most convenient and cost effective.

[6] 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 WHA need not grant the accommodation. In making this determination the WHA 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.

C. COMMUNICATIONS WITH DISABLED APPLICANTS OR RESIDENTS

[1] The WHA 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 WHA 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 WHA. The WHA is not required to provide personal items such as hearing aids, magnifying eyeglasses, or readers for personal study.

[2] The WHA 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, WHA 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.

[3] If an applicant or resident with a disability so requests, the WHA 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 WHA will arrange to send a copy of any WHA notice to an authorized third party representative as well as to the applicant or resident.

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

III. ADMISSION OF APPLICANTS

A. APPLICANT INFORMATION AND NOTICE OF RIGHT TO REASONABLE ACCOMMODATION

At time of first contact with the WHA, prospective applicants for housing and housing assistance shall be informed of their right to request a reasonable accommodation for a disability from the WHA. For Section 8 participants from the centralized waiting list the time of first contact may be when their name reaches the top of the centralized waiting list and is referred to the WHA. A written Notice Regarding Reasonable Accommodation, attached as **RA Notice 1**, will be provided

by the WHA staff to each prospective applicant. A copy of this Notice shall be posted conspicuously at the WHA.

B. APPLICANT REQUEST FOR REASONABLE ACCOMMODATION

[1] Upon request made to the WHA, any applicant shall be provided with a Request for Reasonable Accommodation (**RA Form 1**). A copy of the WHA's RAHP shall also be made available upon request. It is the responsibility of the applicant to request a reasonable accommodation.

[2] The Request for Reasonable Accommodation (**RA Form 1**) shall be submitted to the WHA for review and action as discussed below.

[3] Provided that the following inquiries are made of all applicants, whether or not they have a disability, WHA staff may inquire into an applicant's ability to meet the requirements of the WHA 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, WHA staff may ask whether he or she has a qualifying disability. If an applicant with a disability applies for a specially designed unit, WHA 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 set forth in the RAHP. With the exceptions stated above, WHA 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.

C. ASSESSMENT OF A REASONABLE ACCOMMODATION REQUEST

[1] When the Request for Reasonable Accommodation is received by the WHA, it shall be reviewed by a member of WHA 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 WHA staff member shall make his or her recommendation on denial or approval of the request.

[2] Where the WHA 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.

[3] Where the WHA 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 WHA 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 **RA Form 2**.

[4] All information submitted to the WHA by an applicant requesting a reasonable accommodation or by his or her verification sources which relates to the nature or effects of the applicant's disability shall be kept confidential and used solely to make a determination on the reasonable accommodation request or eligibility for public housing or section 8 assistance.

[5] A reasonable accommodation request may seek changes or adjustments to rules, policies, practices or procedures which are followed or prescribed by the WHA, or physical modifications to a person's prospective or current apartment or other part of the housing site, including assistive technology. A reasonable accommodation request may also seek the allowance of retroactive relief (e.g., reinstatement of an individual with a disability to the waiting list where he or she did not respond to an update notice for reasons related to the disability.)

[6] 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" as defined herein, and

(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.

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

- 1) the nature of the accommodation;
- 2) the cost of the accommodation;
- 3) the WHA's financial and administrative resources;
- 4) the size of the housing program;
- 5) the type of unit or facilities involved; and
- 6) the possibility of recouping costs from another source.

[8] In determining whether a requested accommodation would cause a fundamental alteration in the nature of the housing program, the WHA 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, to administer Section 8 assistance, to assure that residents comply with their lease and program obligations, and the practical components necessary to achieve those purposes. For example, a request for the WHA to provide child care, nursing services or other services not directly related to housing would constitute a fundamental change in the nature of the program the WHA provides.

[9] In determining whether reason for denial exists, the WHA may obtain verification of the reasons advanced for the requested accommodation, and may also seek advice from qualified professionals on alternative methods of accommodating the individual's needs.

[10] 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.

[11] If granting a requested accommodation would create an undue financial or administrative burden, the WHA 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.

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

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

[14] If the WHA 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 WHA need not grant the accommodation. In making this determination the WHA 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.

D. DECISION ON AN APPLICANT'S REASONABLE ACCOMMODATION REQUEST

[1] The decision on an applicant's Request for Reasonable Accommodation (**RA Form 1**) will generally be made the WHA within 30 days after the date upon which the request is submitted or if applicable generally within 30 days after the date upon which any additional information or verification reasonably necessary for his or her decision is provided. If the WHA requests that an applicant supply additional information that is reasonably necessary for the WHA to make a decision on the applicant's request for an accommodation, the applicant should provide the requested information, or otherwise respond to the WHA's request, within a reasonable time period. The time period during which any interactive dialogue on the reasonable accommodation is occurring, or items relevant to the request are awaiting verification may extend the time frame for the decision.

[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 hearing on the decision. A sample Denial of Request for Reasonable Accommodation form is attached as **Form 3**, and shall be used by the WHA 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 30 days from the date of decision. A sample Reasonable Accommodation Approval Notice is attached as **RA Form 4**, and shall be used by the WHA to communicate and document any approval.

[4] Where an applicant's eligibility for admission to the WHA depends on whether his or her request for reasonable accommodation will be granted, the WHA 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.

IV. RESIDENCY AND REASONABLE ACCOMMODATION

A. RESIDENT OR PARTICIPANT REQUEST FOR REASONABLE ACCOMMODATION

[1] A copy of the Notice Regarding Reasonable Accommodations, attached as **Notice 1**, shall be provided to each new resident and Section 8 participant (hereinafter "participant") upon occupancy or initial lease up as applicable. A copy of this Notice shall also be posted conspicuously at the WHA office. In addition once each year, the recertification packet provided to each resident/participant shall contain a copy of this Notice.

[2] Upon request made to WHA staff, any resident shall be provided with the Request for Reasonable Accommodation (Form 1). A copy of the WHA's RAHP shall also be available upon request. It is the responsibility of the resident to request a reasonable accommodation.

[3] Provided that the following inquiries are made of all residents and participants, whether or not they have a disability, WHA staff may inquire into an applicant's ability to meet the requirements of the WHA 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 a resident or participant 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, WHA staff may ask whether he or she has a qualifying disability. If a resident or participant with a disability applies for a specially designed unit, WHA staff may ask the resident or participant to verify that his/her condition warrants the special features. In addition, if the resident or participant requests a reasonable accommodation, he or she may be asked to verify the disability and the need for the requested accommodation as set forth in the RAHP. With the exceptions stated above, WHA may not, at any interview or at any other time, inquire as to whether the resident or participant or any 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.

[4] At any private conference held concerning an adverse action, the WHA management shall discuss the right to request reasonable accommodation.

[5] A resident or participant may request reasonable accommodation for disability at any point during his/her tenancy or program participation. In addition, there is no limit on the number of reasonable accommodation requests a resident or participant may make or that the WHA may be required to provide. As a general rule, all requests for reasonable accommodation by a resident

or participant shall be considered; however, management may require reliable documentation that the person needs the accommodation and that it is likely to be effective.

[6] If a resident or participant requests a different accommodation because he/she believes that the WHA previously made an insufficient or inappropriate accommodation, that request shall be reviewed and decided as though it was an initial accommodation request.

B. ASSESSMENT OF A RESIDENT OR PARTICIPANT REASONABLE ACCOMMODATION REQUEST

[1] The Request for Reasonable Accommodation, (**Form 1**) shall be submitted to the WHA for review, the WHA shall determine whether any further information is needed from the resident and/or whether verification of the disability and the necessity of the requested accommodation is required from an appropriate source.

[2] Where the WHA determines that additional information is needed from a resident or participant who has requested reasonable accommodation or that a meeting with the resident or participant would be useful in evaluating the request, he or she shall follow the procedures described within the this Plan previously regarding obtaining such information and documentation.

[3] In assessing a resident or participant's reasonable accommodation request, WHA management shall follow the same criteria set forth at Section III, C ASSESSMENT OF A REASONABLE ACCOMMODATION REQUEST above.

C. DECISION ON A RESIDENT OR PARTICIPANT'S REASONABLE ACCOMMODATION REQUEST

The decision on a resident or participant's Request for Reasonable Accommodation (**RA Form 1**) will generally be made the WHA within 30 days after the date upon which the request is submitted or if applicable generally within 30 days after the date upon which any additional information or verification reasonably necessary for his or her decision is provided. If the WHA requests that an applicant supply additional information that is reasonably necessary for the WHA to make a decision on the applicant's request for an accommodation, the applicant should provide the requested information, or otherwise respond to the WHA's request, within a reasonable time period. The time period during which any interactive dialogue on the reasonable accommodation is occurring, or items relevant to the request are awaiting verification may extend the time frame for the decision.

The WHA shall follow the procedure set forth at Section III, D DECISION ON AN APPLICANT'S REASONABLE ACCOMMODATION REQUEST above regarding denial or approval of the request.

D. REASONABLE ACCOMMODATION FOR LEASE VIOLATIONS AND EVICTIONS

[1] Where a resident with a disability engages in a lease violation, WHA 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. At any private conference with a resident on a lease violation, WHA management shall discuss the right to request reasonable accommodation, and have the form readily available.

[2] Although WHA management 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 WHA. Further, if the WHA 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 WHA need not grant the accommodation

See previous discussion within this policy for considerations on a whether a requested accommodation would fundamentally alter the nature of the housing program and the considerations in likelihood of threat. In addition, the provision of reasonable accommodation shall not require the lowering or waiving of essential eligibility requirements for the housing program.

[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, WHA 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, WHA 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, management may request the resident to provide appropriate information, documentation or verification within a reasonable time period. If management believes that, based on objective information, the accommodation is not likely to solve the lease problem, the accommodation may be denied.

[6] 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, WHA management shall proceed as it would with any other resident or participant under similar circumstances.

V. GENERAL PROVISIONS

A. THIRD PARTY REPRESENTATIVES

[1] 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 WHA or with verification services on the request.

[2] 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.

[3] Upon submission of a written request by an individual with a disability who has asked for reasonable accommodation, an authorized third party representative shall be given access to all documents in the individual's WHA files which relate to his or her reasonable accommodation request.

B. CONFIDENTIALITY

[1] Except as provided at paragraph 4 below all information submitted to the WHA 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 WHA staff not involved in evaluating the reasonable accommodation request. This requirement does not, however, prevent WHA employees from stating to another housing provider whether the person has complied with WHA lease obligations.

[2] All decisions made by the WHA 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 set forth in the RAHP.

[3] Federal, state, and local civil rights enforcement agencies shall be provided with such information and documents as is authorized by law.

[4] Individuals requesting a reasonable accommodation based on disability shall upon request to the WHA be entitled to copies of all documents in their WHA 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. NON-RETALIATION

[1] The WHA shall not discriminate or take any retaliatory action against a person who has requested a reasonable accommodation on the basis of a disability, or who has assisted or encouraged any other person to request such an accommodation.

[2] The WHA shall not discriminate or take any retaliatory action against a person who has exercised his or her right of appeal or filed an administrative agency complaint or sought judicial review on a reasonable accommodation request, or who has assisted or encouraged another person to do so, or who has assisted in the investigation of a reasonable accommodation claim.

D. RECORDS

Provided that such does not violate any privacy or confidentiality laws or HUD directives, or the WHA 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 WHA Administrator/designee; 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 WHA, and between the WHA and verification sources concerning the reasonable accommodation request.

E. NOTICE TO WHA EMPLOYEES

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

NOTICE REGARDING REASONABLE ACCOMMODATION

The Wayland Housing Authority (WHA) is a public agency that provides low rent housing to eligible families, elderly/handicapped/disabled households and single people. The WHA 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.

Under applicable law, the WHA 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 some modification or change the WHA can make to its apartments or procedures that will assist an otherwise eligible applicant with disability/handicap to take advantage of the WHA’s programs, provided that the change does not pose an undue financial and administrative burden to the WHA or require a fundamental change in its program.

Examples of reasonable accommodation may include the WHA:

- 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 WHA’s applicant screening criteria.

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 WHA, 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 WHA, that is your right.

You can get a Request for Reasonable Accommodation form at the WHA Main office located at: 106 Main Street, Wayland, MA 01778 or by calling 508-655-6310.

If you require help in filling out that form or need to submit your request in some other way, you should contact Lynn Poison, Program Administrator or TDD # 508-655-6310 x10.

Tenant/Applicant Request

(To Be Completed by the Tenant/Applicant)

A handicap or disability is a physical or mental condition which substantially limits a person in a "major life activity." A condition which severely limits a person's ability to see, hear, speak, breath, work, walk, learn, think, read, perform manual tasks, care for oneself, or engage in other "major life activities" may be considered a handicap under federal and state law. If a person has a qualifying handicap or disability, the WHA is required to make whatever reasonable changes (modifications) and take whatever reasonable measures (accommodations) are possible to permit a reasonably full use and enjoyment of a unit and its associated facilities.

1. ☐ I am an applicant/tenant of the Wayland Housing Authority, with a disability as defined by one or more of the following: *A physical or mental impairment that substantially limits one or more life activities.*

2. As a result of this disability, I am requesting the following reasonable accommodation for my household: (Please check one or more boxes below.)

☐ A change in my home 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 WHA communicates with you). Please specify:

3. This requested accommodation is necessary so that I can:

4. I have attached documentation verifying my disability, my limitations on account of it, and my need for accommodations.

5. I authorize the Wayland Housing Authority to verify that I have or someone in my household has a disability and we have the need for the reasonable accommodation I have requested. In order to verify this information the WHA may contact the following physician, psychiatrist, licensed psychologist, licensed nurse practitioner, licensed social worker, rehabilitation professional, or non-medical service agency whose function is to provide services to the disabled.

Physician Verifier:

Address:

Telephone:

Fax:

I understand that the information obtained by the WHA 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 WHA may make a determination on this request.

Signed: _____ Date: _____
[Head of household or authorized representative]



Reasonable Accommodation Request Physician Certification of Need

Wayland Housing Authority
106 Main Street
Wayland, 01778

RA Form 1

Date: _____

(To Physician)

Name of individual seeking accommodation: _____
Reasonable accommodation requested: _____

Physician Certificate Of Need

Enclosed is a blank **Certification of Need** form and a **Request for Reasonable Accommodation** form signed by your patient above asking you to verify her/his disability and need for a reasonable accommodation in housing. If the household member with the disability is over 18 and is not the head of household, s/he has also signed authorizing your verification.

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. Please note that such changes must be **necessary** as a result of the person's disability. Please note the definition of a disability on the request form.

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 in the request form, 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 will 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 to:

Wayland Housing Authority
106 Main Street
Wayland, MA 01778

If you have questions, please contact me at: V/TDD: (508) 655-6310 Fax: 508-655-8566

Sincerely,

Wayland Housing Authority

**Reasonable Accommodation Request
Physician Certification of Need**

Wayland Housing Authority
106 Main Street
Wayland, MA 01778
V/TTY: (508) 655-6310

RA Form 1

Physician Certificate Of Need

Request for Reasonable Accommodation

(TO BE COMPLETED BY A PHYSICIAN)

Name of Tenant/Applicant Seeking a Reasonable Accommodation:

(Tenant/Applicant Name)

Reasonable Accommodation Requested:

(List Reasonable Accommodation Request here)

The above WHA Tenant/Applicant has applied for reasonable accommodation at the Wayland Housing Authority (WHA) and requests that you complete the following certification. Enclosed is a copy of the Request for Reasonable Accommodation with her/his signature for release of information.

THIS FORM MUST BE COMPLETED BY A QUALIFIED MEDICAL, REHABILITATION OR OTHER NON-MEDICAL SERVICE AGENCY PROFESSIONAL WHOSE FUNCTION IS TO PROVIDE SERVICES TO THE DISABLED.

1. Please indicate how current your knowledge is regarding the **individual seeking accommodation**: (Please check only those that apply)

Within the last six months _____
Prior to the last six months _____
Other (please explain) _____

2. In my opinion, the Resident has a physical or mental impairment that substantially limits one or more major life activities.

A handicap or disability is a physical or mental condition which substantially limits a person in a "major life activity." A condition which severely limits a person's ability to see, hear, speak, breath, work, walk, learn, think, read, perform manual tasks, care for oneself, or engage in other "major life activities" may be considered a handicap under federal and state law. If a person has a qualifying handicap or disability, the WHA is

required to make whatever reasonable changes (modifications) and take whatever reasonable measures (accommodations) are possible to permit a reasonably full use and enjoyment of a unit and its associated facilities.

☐ **YES-ANTICIPATED DURATION**_____

☐ **NO**

If Yes, please continue to the next page. If No, please at the end of the form and return to the address given. Thank you.

3. Identify activities limited by the condition referred to in question 2 that are impossible to perform without reasonable accommodation. Please refer to the accommodation requested by your patient the Request for Reasonable Accommodation form and complete the following statement.

In my opinion, the requested accommodation is **necessary** as a direct result of his/her disability in order to live at the WHA.

☐ **YES** ☐ **NO**

4. List steps could be taken to improve your client's ability to live independently.

5. Please check only one of the following:

[] **I verify** that the enclosed request for changes to the apartment or common area or to rules, policies and procedures is necessary for the Applicant/Resident, as a result of his/her disability in order to have an equal housing opportunity.

OR

[] **I cannot verify** that the enclosed request is necessary for changes to the apartment or common area or to rules, policies and procedures for Applicant/Resident, as a result of his/her disability in order to have equal housing opportunity.

OR

[] **I do not believe** the Applicant/Resident needs the requested accommodation to the apartment or common area or to rules, policies or procedures, as a result of his/her disability in order to have an equal housing opportunity.

PENALTIES FOR MISUSING THIS VERIFICATION FORM Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the U.S. Government. Any person who knowingly or willfully requests, obtains, or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000.

Signature

Date

Name (Please print)

Title of medical or rehabilitation professional or expert License #

Agency or Clinic, if applicable

Address

Phone

Fax

Please return this form to: **Wayland Housing Authority, 106 Main Street, Wayland, MA 01778**

Fax: 508-655-8566



Wayland Housing Authority
106 Main Street
Wayland, MA 01778

V/TTY: (508) 655-6310
FAX: (508) 655-8566
www.wayland.ma.us

RA Form 2

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



Wayland Housing Authority
106 Main Street
Wayland, MA 01778

V/TTY: (508) 655-6310
FAX: (508) 655-8566
www.wayland.ma.us

RA Form 3

DENIAL OF REQUEST FOR REASONABLE ACCOMMODATION

Dear Tenant:

You requested the following change or reasonable accommodation: Reasonable Accommodation request.

The WHA has 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.

☐ 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 the WHA housing program.

☐ Based on the documentation you provided, the accommodation you requested is likely to enable you to comply with the terms of your lease or program requirements.

The WHA decided this because:

(Basis for Denial)

If you disagree with this decision, you may request an informal hearing by writing to

Brian Boggia, Executive Director at the following address:

106 Main Street
Wayland, MA 01778

within 20 days from the date of this letter.

Whether or not you exercise these WHA 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,

Brian Boggia
Executive Director

Enc.



Wayland Housing Authority
106 Main Street
Wayland, MA 01778

V/TTY: (508) 655-6310
FAX: (508) 655-8566
www.wayland.ma.us

RA Form 4

REASONABLE ACCOMMODATION APPROVAL NOTICE

Date: _____

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