

## HOUSING AUTHORITY OF THE CITY OF FRANKLIN REASONABLE ACCOMMODATIONS POLICY

This Reasonable Accommodation Policy and Procedures sets forth the policy and procedures of the Housing Authority of the City of Franklin in connection with making reasonable accommodations for qualified applicants or residents with disabilities for participation in public housing programs and activities. A copy of this Reasonable Accommodation Policy and Procedures is posted in the lobby of the Housing Authority of the City of Franklin administrative buildings. A copy of the Reasonable Accommodation Policy and Implementation Procedures may be obtained upon request.

### PART A. POLICY.

#### SECTION 1. Definitions.

- 1.1. The term "ADA" shall mean the Americans with Disabilities Act.
- 1.2. The term "FHA" shall mean the Fair Housing Act of 1968.
- 1.3. The term HACF shall mean the Housing Authority for the City of Franklin.
- 1.4. The phrase "individual with disabilities" shall have the same meaning as the term "individual with handicaps" under 24 CFR 8.3, as follows:

#### 24 CFR 8.3 Definitions.

"Individual with handicaps" means any person who has a physical or mental impairment that substantially limits one or more major life activities; has a record of such impairment; or is regarded as having such impairment.

- 1.5 The term "Policy" shall mean Part A of the Reasonable Accommodation Policy and procedure, as adopted by the Board of the Housing Authority of the City of Franklin as may be amended.
- 1.6 The term "Procedures" shall mean Part B of the Reasonable Accommodation Policy and Procedure, as may be revised from time to time.
- 1.7 The term "reasonable accommodation" means a modification or change in rules, policies, practices, or services, that will provide the opportunity to participate in FHA programs and services and to meet FHA essential requirements of tenancy to an otherwise eligible individual with a disability.

#### SECTION 2. Policy Statement.

FHA is committed to ensuring that its policies and practices do not deny individuals with disabilities the opportunity to participate in, or benefit from, not otherwise discriminate against individuals with disabilities in connection with, the operation of FHA housing

services or programs, solely on the basis of such disabilities. Therefore, if an individual with a disability requires an accommodation, such as an accessible feature or modification to FHA policy, FHA will provide such accommodation, unless doing so would result in a fundamental alteration in the nature of the program or an undue financial or administrative burden. In such a case, FHA will make another accommodation that would not result in a financial or administrative burden.

### SECTION 3. Purpose.

This Policy is intended to:

Communicate FHA position regarding reasonable accommodations for persons with disabilities in connection with the agency's housing programs services, and policies;

Establish a procedural guide for implementing such Policy; and

Comply with applicable federal, state and local laws to ensure accessibility for persons with disabilities to housing programs, benefits and services administered by FHA.

### SECTION 4. Authority.

The requirements of this policy are based upon the following statutes or regulations:

Section 504 of the Rehabilitation Act of 1973, as amended ("Section 504") prohibits discrimination on the basis of disability status and states that:

"No qualified individual with handicaps shall, solely on the basis of handicap be excluded from participation in, be denied the benefits of, or otherwise be subjected to discrimination under any program or activity that receives Federal financial assistance from the Department".

The Fair Housing Act ("FHA") prohibits discrimination in the sale, rental and financing of dwellings. The FHA requires reasonable accommodations in rules, policies, practices, services and reasonable modifications to dwelling units and public common areas;

Title 11 Of the Americans With Disabilities Act ("ADA"), prohibits discrimination on the basis of disability status by public entities. Except as provided in 35.102(b), of 28 CFR Part 35, the ADA applies to all services, programs, and activities provided or made available by public entities (State and local governments); and

Part 8, of Code of Federal Regulations, Title 24, Housing and Urban Development, entitled Non-Discrimination Based on Handicap in Federally Assisted Programs and Activities of the Department of Housing and Urban Development applies to recipients of federal funds and implements the requirements of the Rehabilitation Act.

#### SECTION 5. Monitoring And Enforcement.

The Fair Housing and Equal Opportunity Offices (“FH&EO Office”) is responsible for monitoring FHA compliance with, and enforcing the requirements under this Policy. Questions regarding this Policy, its interpretation and implementation should be made by contacting the FH&EO Office in writing, or in person by appointment, at 329 Sixth Avenue, Pittsburgh, PA 15222, or by calling the Office at (412) 644-6945. The FH&EO Office may require the submission of data from FHA public housing developments and field offices in order to evaluate and document FHA compliance with this Policy.

#### SECTION 6. General Principles For Providing Reasonable Accommodations.

Listed below are the general principles which provide a foundation for the Policy and which FHA staff should apply when responding to requests for reasonable accommodations within all FHA housing programs:

- 6.1 It is presumed that the individual with a disability is usually knowledgeable of the appropriate types of, and methods of providing, reasonable accommodations needed when making a request. However, FHA reserves the right to investigate and offer equally effective alternatives to the requested accommodation, and/or alternative methods for providing the requested accommodation.
- 6.2 The procedure for evaluation and responding to requests for a reasonable accommodation relies on a cooperative relationship between FHA and the applicant/resident. The process is not adversarial.
- 6.3 FHA shall inform all applicants and residents of alternative forms of communication. The Request Form is designed to assist FHA and our applicants/residents. If an applicant/resident does not, or cannot use the Request Form, FHA will still respond to the request for an accommodation. The applicant/resident may also request assistance with the Request Form or such applicant/resident may request that the Request Form be provided in an equally effective format or means of communication.

Example(s): Some examples of alternative equally effective forms of communication include the following: Qualified interpreters, printed material, telecommunication devices for deaf persons (TDD's), FHA Relay System, or other aurally delivered materials available to persons with hearing impairments. Qualified readers, taped texts audio recordings, brailled materials, large print

materials, or other effective methods of making visually delivered materials available to individuals with visual impairments.

- 6.4 If the accommodation is reasonable (see Procedures 3 below), FHA will grant it.
- 6.5 In accordance with Procedure 3 (below), FHA will grant the request for a reasonable accommodation only to the extent that an undue financial and administrative burden is not created thereby.
- 6.6 All written documents required by or as a result of this Policy must contain plain language and be in appropriate alternative formats in order to communicate information and decisions to the person requesting the accommodation.
- 6.7 Any required meetings with a person with a disability will be held in an accessible location.

#### SECTION 7. Amendment.

- 7.1 Policy. The policy may be amended only by resolution of the Board of the Housing Authority of the City of Franklin
- 7.2 Procedures. The Procedures may be amended within the scope of the Policy by the Executive Director of the Housing Authority of the City of Franklin.
- 6.1 Legal Compliance. Any amendment to the Policy or Procedures shall be consistent with all applicable laws and regulations.

#### SECTION 8. Staff Training:

The Special Assistant to the Commissioner for the FH&EO Office will ensure that training sessions are held at least annually concerning the Policy and the Procedures and all applicable Federal, state and local requirements regarding reasonable accommodations.

#### PART B. Procedures:

##### Procedures #1 - Communication With Applicants and Residents

- 1) At the time of application, all applicants must be provided with the Request for Reasonable Accommodation Form (the Request Form) “copy of which is affixed hereto as Attachment 1), or, upon the applicant’s request, the Request Form must be provided in an equally effective format.

- 2) FHA residents seeking accommodations may contact the housing management office located within their housing development or the management office for their scattered site residence. Residents may also contact the FH&EO office directly to request the accommodations.
- 3) HACF is responsible for informing all residents that a request may be submitted for reasonable accommodations for an individual with a disability . All residents will be provided the Request Form when requesting a reasonable accommodation. However, a resident may submit the request in writing, orally , or use an other equally effective means of communication to request the accommodation. Upon receiving the request, housing management and/or the FH&EO office will respond to the request within twenty (20) business days. If additional information or documentation is required, a written request should be issued to the resident by using the Request For Information or Verification Form (“Request for Information”), a copy of which is affixed hereto as Attachment 2. A submission date should be specified in the Request for Information so as not to delay HACF review of the request.
- 4) HACF will maintain at its Housing Management Office written materials, which summarizes this Policy and highlights the procedures for making a request for reasonable accommodations.

#### Procedure #2 - Sequence For Making Decisions

- 1) Is the applicant/resident a qualified “individual with a disability”?
  - a) If **NO**, we are not obligated to make a reasonable accommodation; therefore, we may deny the request.
  - b) If **YES**, go to Step 2.
  - c) If more information is needed, either write for more information using the standard **Request for Information** letter, or request a meeting using the standard **Request for Meeting** letter. (A copy of the Request for Meeting letter is affixed hereto as Attachment 5)
- 2) Is the requested accommodation related to the disability?
  - a) If **NO**, we are not obligated to make the accommodation; therefore, we may deny the request.
  - b) If **YES**, go to step 3..
  - c) If more information is needed, either write for more information using the **Request for Information** letter, or request a meeting using the **Request for Meeting** letter.

- 3) Is the requested accommodation reasonable? This determination will be made by following Procedure #3 - Guidelines for Determining Reasonableness.
- a) If **YES**, we will approve the request for reasonable accommodation. A written description of the accommodation will be prepared and included in the Letter Approving **Request for Reasonable Accommodations**.
  - b) If **NO**, we may deny the request. Submit the denial using the Letter Denying **Request for Reasonable Accommodations**.
  - c) If more information is needed, either write for more information using the Letter Approving **Request for Reasonable Accommodations**, or request a meeting using the **Request for Meeting** Letter.
  - d) Procedure #3 - Guidelines for Determining Reasonableness
1. In accordance with Policy Principle 6.1, HACF will consider the requested method for providing reasonable accommodations for an individual with a disability. However, HACF is required to evaluate the requested method and may require the individual with a disability to provide further information to demonstrate the need for the requested accommodation to enable access to and use of the housing program. Additionally, HACF may offer equally effective alternatives to the requested accommodation, and/or alternative methods for providing the requested accommodation.
  2. Requests for reasonable accommodations will be considered on a case-by-case basis. Decisions regarding reasonable accommodations will be made in compliance with all applicable accessibility laws and requirements. Additionally, in those circumstances where HACF deems that a proposed reasonable accommodation would fundamentally alter the service, program, or activity, or would result in undue financial and administrative burdens, HACF has the burden of proving such result(s).
  3. The responsibility for the decision that a proposed reasonable accommodation would result in such alteration or burdens shall rest with the Executive Director of his/her designee after considering all resources available for use in the funding and operation of the service, program, or activity, and must be accompanied by written statement of the reasons for reaching that conclusion. If an action would result in such an alteration or such burden, HACF shall propose any other action that will not result in or require an alternation or burden.
  4. Live in Aides. In some cases, an individual with a disability may require a live in aide. In accordance with the provisions of the HACF dwelling lease, HACF may permit a live-in to reside in the dwelling unit to assist an individual with a disability. A live-in-aide means a person (a) determined by HACF to be essential to the care and well being of a family member with disability; (b) is not obligated to support the family member; and (c) would not be living in the unit except to provide the supportive services. A live in aide would not be required to share a bedroom with another member of the household

(see 24 CFR 966.4(d)(3). Prior to granting permission, the live in aide must submit to a criminal background check in accordance with HACF policies and procedures. Additionally, medical verification of the need for a live-in-aide is required, and the following factors will be considered by HACF in determining whether to approve a live-in-aide:

- a) whether the addition of a new occupant would create a situation of overcrowding in the dwelling unit, thereby requiring a transfer to another dwelling unit;
- b) the availability of an appropriate dwelling unit, and/or
- c) HACF obligation to make reasonable accommodation for persons with disabilities.

5. Verification. The HACF may verify a person's disability only to the extent necessary to ensure the applicants are qualified for the housing for which they are applying; that applicants are qualified for deductions used in determining adjusted income; that applicants are entitled to any preference they may claim; and that applicants who have requested a reasonable accommodation have a need for the requested accommodation. The HACF may not require applicants to provide access to confidential medical records in order to verify a disability nor may the HACF require specific details as the nature of the disability. The HACF may require documentation of the manifestation of the disability that causes a need for a specific accommodation or accessible unit. The HACF may not ask what the specific disability is.

## ATTACHMENTS TO PROCEDURES

Attachment 1- Request For A Reasonable Accommodation

Attachment 2 - Request For Information Or Verification

Attachment 3 - Letter Denying Request for Reasonable Accommodations

Attachment 4 - Letter Approving Request For Reasonable Accommodations

Attachment 5 - Request For Meeting

## REQUEST FOR A REASONABLE ACCOMMODATION

Housing Authority of the City of Franklin  
1212 Chestnut Street  
Franklin, PA 16323

If you need:

- a change in our policies or procedures
- a repair or change in your apartment
- a repair or change to some other part of the property
- a change in the way we communicate with you

because of a disability, you may ask for this change, which is called a “reasonable accommodation”

If your request is reasonable, if it is not too expensive, and if it is not too difficult to arrange, we will try to make the changes you need.

We will make every effort to render a decision within thirty (30) days. We will let you know if we need more information or verification from you or if we would like to discuss other ways of meeting your needs.

If we turn down your request, we will explain our decision, and you may give us additional information.

Please advise us if you need help in using the form, or if you wish to receive this Request Form in an alternative format to meet your communication needs.

REQUEST FOR A REASONABLE ACCOMMODATION

The following member of my household has a disability:

Please provide this reasonable accommodation (specify accommodation(s):

I need this reasonable accommodation because:

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

REQUEST FOR INFORMATION OR VERIFICATION

Housing Authority of the City of Franklin  
1212 Chestnut Street  
Franklin, PA 16323

Date: \_\_\_\_\_

To: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Dear Applicant or Resident:

We have received your Request for a Reasonable Accommodation. We need to know more about (issue, simply and clearly stated) before we can decide how to address your request.

We need to know more because (reason, simple and clearly stated).

You can give us more information by (acceptable methods of verification). If this is a problem for you, other ways of providing the information may also be acceptable.

We will not make a decision until we have this new information.

If you think that you have given us this information, or if you think that we should not ask for this information, please call us at (814) 432-3416. Please call if you have any other questions.

Sincerely,

Housing Authority of The City of Franklin  
1212 Chestnut Street  
Franklin, PA 16323

Date: \_\_\_\_\_

To: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Dear Applicant or Resident:

You requested the following change or accommodation (describe request). We have attached a copy of your request form. We have denied your request because:

- You do not meet the definition of an individual with handicaps 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.
- It will create undue financial and administrative burdens for us.
- It will change the fundamental nature of our program.

We have decided this because (give reasons, in clear and simple language).

We relied on these facts to deny your request (give facts, in clear and simple language).

To make this decision we (tell what documents or records we reviewed, tell which people we spoke with, describe other aspects of our investigation process).

If you disagree with our decision, you may contact the Fair Housing and Equal Opportunity (FH&EO) Office at (412) 644-6965. The FH&EO Office is located at 339 Sixth Avenue Pittsburgh, PA 15222. You may also contact our office at (814) 432-3416.

Sincerely,

Housing Authority of the City of Franklin  
1212 Chestnut Street  
Franklin, PA 16323

Date: \_\_\_\_\_

To: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Dear Applicant or Resident:

We have approved your request for the following change or reasonable accommodation (description):

- We can provide you with the accommodation by (date).
- To make the change you requested, we must have three bids and then arrange installation. This is why we are not able to provide you with the accommodation immediately.
- (other reason for delay).

Please call us at (814) 432-3416 if you have any questions.

If you think this change or reasonable accommodation is not what you requested, if it is not acceptable, or if you object to the amount of time it will take to provide it, you may contact the Fair Housing and Equip Opportunity (FH&EO) office at (412) 644-6965. The FH&EO Office is located at 339 Sixth Avenue, Pittsburgh, PA 15222. You may also contact the following agencies:

Sincerely,

Housing Authority of the City of Franklin  
1212 Chestnut Street  
Franklin, PA 16323

Date: \_\_\_\_\_

To: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Dear Applicant or Resident:

We have received your request for a reasonable accommodation. It would help us make our decision if we could meet with you. You may bring someone to assist you with the meeting.

We would like to meet on (date, time, place). If you cannot come at that time, please call us at (814) 432-3416.

We will talk about (describe issue, simply and clearly) at this meeting.

Please come ready to talk to us about the changes you want. Please bring copies of any information that you would like to give us.

We look forward to meeting with you.

Sincerely,