

City of Manistee Housing Commission

Reasonable Accommodation Policy and Procedures

Adopted: September 22, 2015

POLICY STATEMENT

The City of Manistee Housing Commission (CMHC), a Public Housing Authority of the U.S. Department of Housing and Urban Development (hereafter referred to as CMHC or PHA), is committed to ensuring that its policies and procedures do not deny individuals with disabilities the opportunity to participate in or benefit from, nor otherwise discriminate against individuals with disabilities, on the basis of disability, in connection with the operations of the CMHC's programs, services and activities. Therefore, if an individual with a disability requires an accommodation such as accessible feature or modification to a CMHC policy, CMHC will provide such an accommodation unless doing so would result in a fundamental alteration in the nature of the program, or an undue financial and administrative burden. In such a case, CMHC will discuss with the requester whether there is an alternative accommodation that would effectively address the requester's disability-related needs without a fundamental alteration to CMHC's operations and without imposing an undue financial and administrative burden. If an alternative accommodation would effectively meet the requester's disability-related needs and is reasonable, CMHC shall grant it.

A reasonable accommodation is a change, modification, alteration or adaptation in policy, procedure, practice, program, or facility that provides a qualified individual with a disability the opportunity to participate in, or benefit from, a program (housing or CMHC-related event) or activity.

CMHC will post a copy of this Reasonable Accommodation Policy and Procedures in the Central Administrative Offices located in the Harborview complex, 273 Sixth Ave, Manistee, MI. In addition, individuals may obtain a copy of this Reasonable Accommodation Policy and Procedures, upon request, from the CMHC's Section 504/ADA Coordinator.

LEGAL AUTHORITY

The PHA is subject to Federal civil laws and regulation. This Reasonable Accommodation Policy is based on the following statutes or regulations. See Section 504 of the Rehabilitation Act of 1973 (Section 504)¹; Title II of the Americans with Disabilities Act of 1990 (ADA)²; the Fair Housing Act or 1968, as amended (Fair Housing Act)³; the Architectural Barriers Act of 1968⁴, and the respective implementing regulations of each Act.

¹ 29 U.S.C. § 794; C.F.R. Part 8.

² 42 U.S.C. §§ 12101 et.seq.

³ 42 U.S.C. §§3601-20; 24 C.F.R. Part 100

⁴ 42 U.S.C. §§4151-4157

MONITORING AND ENFORCEMENT

The CMHC's Section 504/ADA Coordinator is responsible for monitoring PHA's compliance with this Policy. Individuals who have questions regarding this Policy, its interpretation or implementation should contact PHA's Section 504/ADA Coordinator in writing, by telephone, or by appointment, as follows:

Clinton McKinven-Copus, Executive Director
273 Sixth Ave, Manistee, MI 49660
231-723-6201, ext. 102
TDD/TTY 800-545-1833, Ext. 870
Facsimile Number 231-723-8900

STAFF TRAINING

The Section 504/ADA Coordinator will ensure that all appropriate CMHC staff receive annual training on the Reasonable Accommodation Policy and Procedures, including all applicable Federal, state and local requirements regarding reasonable accommodation.

REASONABLE ACCOMMODATION

A person with a disability may request a reasonable accommodation at any time during the application process and/or residency in public housing. The individual is encouraged to make requests in writing. However, CMHC will give appropriate consideration to reasonable accommodation requests even if the requester makes the request orally or does not use CMHC's preferred forms or procedures for making such requests. In these cases, a CMHC staff person will document the oral request in CMHC's forms.

Reasonable accommodation methods or actions that may be appropriate for a particular program and individual may be found to be inappropriate for another program or individual. The decision to approve or deny a request or a reasonable accommodation is made on a case-by-case basis and takes into consideration the disability-related limitation(s) and the needs of the individual as well as the nature of the program or activity in which the individual seeks to participate.

APPLICATION OF REASONABLE ACCOMMODATION POLICY

The Reasonable Accommodation Policy applies to individuals with disabilities in the following programs provided by the PHA:

- a) Applicants of public housing.
- b) Residents of public housing developments; and
- c) Participants in all other programs or activities receiving Federal financial assistance that are conducted or sponsored by the PHA, its agents or contractors including all non-housing facilities and common areas owned or operated by the PHA.

PERSON WITH A DISABILITY

A person with a disability means an individual who has a physical or mental impairment that substantially limits one or more major life activities. As used in this definition, the phrase “physical or mental impairment” includes:

- a) Any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems: Neurological; musculoskeletal; special sense organs; respiratory, including speech organs; cardiovascular; reproductive; digestive; genito-urinary; hemic and lymphatic; skin; and endocrine; or
- b) Any mental or psychological disorder, such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities. The term “physical or mental impairment” includes, but is not limited to, such diseases and conditions as orthopedic, visual, speech, and hearing impairments, cerebral palsy, autism, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, mental retardation, emotional illness, drug addiction and alcoholism.

“Major life activities” means functions such as caring for one’s self, performing manual tasks, walking, seeing, hearing, speaking, breathing and learning.

The definition of disability does not include any individual who is an alcoholic whose current use of alcohol prevents the individual from participating in the public housing program or activities; or whose participation, by reason of such current alcohol abuse, would constitute a direct threat to property or the safety of others.

EXAMPLES OF REASONABLE ACCOMMODATIONS⁵

Examples of reasonable accommodations may include, but are not limited to:

- a) Making a unit, part of a unit or public and common use element accessible for the head of household or a household member with a disability who is on the lease;
- b) Permitting a family to have a service or assistance animal necessary to assist a family member with a disability;
- c) Allowing a live-in aid to reside in an appropriately size PHA unit;
- d) Transferring a resident to a larger size unit to provide a separate bedroom for a person with a disability;
- e) Transferring a resident to a unit on a lower level or a unit that is completely on one level;
- f) Making documents available in large type, computer disc or Braille;
- g) Providing qualified sign language interpreters for applicants or resident meeting with PHA staff; or at resident meetings;
- h) Installing strobe type flashing lights and other such equipment for a family member with a hearing impairment;
- i) Permitting an outside agency or family member to assist a resident or an applicant in meeting screening criteria or meeting essential lease obligations;

⁵ PHA will also provide, as an attachment to the Reasonable Accommodation Policy, its "Examples of Reasonable Accommodations", approved by the U.S. Department of Housing & Urban Development.

PROCESSING OF REASONABLE ACCOMMODATION REQUESTS

The CMHC will provide the “Request for Reasonable Accommodation”, (“Request Form”), attached hereto, to all applicants, residents or individuals with disabilities who request a reasonable accommodation. The Reasonable Accommodation Request Form includes various forms of reasonable accommodations as well as the general principles of reasonable accommodation.

Individuals may submit their reasonable accommodation request(s) in writing, orally, or by any other equally effective means of communication. However, the PHA will ensure that all reasonable accommodation requests will be reduced to writing. If needed as a reasonable accommodation, the PHA will assist the individual in completing the Request Form.

- a) The PHA will provide all applicants with the Request Form as an attachment to the PHA application. The Request for Reasonable Accommodation Form must be provided in an alternative format, upon request.
- b) Reasonable Accommodations will be made for applicants during the application process. All applications must be taken in an accessible location. Applications will be made in accessible formats. PHA will provide applicants with appropriate auxiliary aids and services, including qualified sign language interpreters and readers, upon request.
- c) PHA will provide all residents with the Request Form during the annual re-certification, and upon request. The PHA will provide the Request Form in an alternate form, upon request.
- d) Residents seeking accommodation(s) may contact the housing management office, including office of private management companies acting on behalf of PHA, within their housing development or the regional management office. In addition, residents may also contact the Section 504/ADA Coordinator’s office directly to request the accommodation(s).
- e) Within seven (7) business days of receipt, the housing management office, private management company or regional management office will forward the resident’s reasonable accommodation request(s) to the Office of the Section 504/ADA Coordinator.
- f) Within twenty (20) business days of receipt, the Office of the Section 504/ADA Coordinator, or the resident’s management office will respond to the Resident’s Request.
- g) If additional information or documentation is required, the Section 504/ADA Coordinator’s office will notify the resident, in writing, of the need for the additional information or documentation. The Section 504/ADA Coordinator’s Office will provide the resident with the “Request for Information or Verification Form” [“Request for Information”], a copy of which is attached. The written notification should provide the resident with a reply date for submission of the outstanding information or documentation.

- h) Within thirty (30) business days of receipt of the request and, if necessary, all supporting documentation, PHA will provide written notification to the resident of its decision to approve or deny the resident's request(s). Upon request, the written notification will be provided in an alternate format. A copy of the "Letter Denying Request for Reasonable Accommodation(s)" and a "Letter Approving Request for Reasonable Accommodation(s)" are attached.
- i) If PHA approves the accommodation request(s), the resident will be notified of the projected date for the implementation.
- j) If the accommodation is denied, the resident will be notified of the reasons for denial. In addition, the notification of the denial will also provide the resident with information regarding PHA's HUD-approved Grievance Procedures.
- k) All recommendations that have been approved by the ADA/504 Coordinator will be forwarded to the appropriate housing manager for implementation. All requests for reasonable accommodation(s) that are approved by the housing manager will promptly be implemented or begin the process of implementation.

VERIFICATION OF REASONABLE ACCOMMODATION REQUEST

The CMHC may request documentation of the need for a Reasonable Accommodation as identified on the Request for Reasonable Accommodation Form. In addition, the CMHC may request that the individual provide suggested reasonable accommodations.

The PHA may verify a person's disability only to the extent necessary to ensure that the individual(s) who have requested a reasonable accommodation have a disability-based need for the requested accommodation.

However, the PHA shall not require individuals to disclose confidential medical records in order to verify a disability. In addition, the PHA may not require specific details regarding the individual's disability. The PHA may only request documentation to confirm the disability-related need(s) for the requested reasonable accommodation(s). The PHA may not require the individual to disclose the specific disability/disabilities; or the nature or extent of the individual's disability/disabilities.

The following may provide verification of a resident's disability and the need for the requested accommodation(s):

- a) Physician;
- b) Licensed health professional;
- c) Professional representing a social service agency;
- d) Disability agency or clinic; or
- e) Other professional knowledgeable about the individual's situation and competent to verify the need for the requested accommodation.

Upon receipt, the resident's Property Manager, including private management companies operating on behalf of PHA, will forward the recommendation, including all supporting documentation, to the PHA's Section 504/ADA Coordinator within seven (7) days of receipt.

DENIAL OF REASONABLE ACCOMMODATION REQUEST(S)

Requested accommodations will not be approved if one of the following would occur as a result:

- a) A violation of State and/or federal law;
- b) A fundamental alteration in the nature of the PHA public housing program;
- c) An undue financial and administrative burden on PHA;
- d) A structurally infeasible alteration; or
- e) An alteration requiring the removal or alteration of a load-bearing structural member.

TRANSFER AS REASONABLE ACCOMMODATION

The CMHC shall not require a resident with a disability to accept a transfer in lieu of providing a reasonable accommodation. However, if a public housing resident with a disability requests dwelling unit modifications that involve structural changes, including, but not limited to widening entrances, rooms, or hallways, and there is a vacant, comparable, appropriately sized UFAS-compliant unit in that resident's project or an adjacent project, CMHC may offer to transfer the resident to the vacant unit in his/her project or adjacent project in lieu of providing structural modifications. However, if that resident rejects the proffered transfer or voucher, CMHC shall make modifications to the resident's unit unless doing so would be structurally impracticable or would result in an undue financial and administrative burden.

If the resident accepts the transfer, CMHC will work with the resident to obtain moving expenses from social service agencies or other similar sources. If that effort to obtain moving expenses is unsuccessful within thirty (30) days of the assignment of the dwelling unit, CMHC shall pay the reasonable moving expenses, including utilities fees and deposits. Nothing contained in this paragraph is intended to modify the terms of CMHC's Tenant and Assignment Plan and any resident's rights thereunder.

SERVICE OR ASSISTANCE ANIMALS

Residents of CMHC with disabilities are permitted to have service animals or assistance animals, if such animals are necessary as a reasonable accommodation for their disabilities. CMHC residents or potential residents who need a service animal or an assistance animal as a reasonable accommodation must request the accommodation in accordance with the reasonable accommodation policy. Service and assistance animals are not subject to the requirements of CMHC's Pet Policy.

RIGHT TO APPEAL/GRIEVANCE PROCESS

- (1) The public housing applicant or resident may file a complaint in accordance with CMHC's HUD-approved Grievance Procedure following a formal determination by the CMHC's ADA/504 Coordinator.
- (2) An applicant or resident may, at any time, exercise their right to appeal a CMHC decision through the local HUD office or the U.S. Department of Justice. Individuals may contact the local HUD office at:

U.S. Department of Housing and Urban Development
DETROIT FIELD OFFICE
477 Michigan Ave.
Telephone: (313) 226-7900
Toll Free: (800) 647-4167
Facsimile: (313) 226-5611

City of Manistee Housing Commission REQUEST FOR REASONABLE ACCOMMODATION

You may utilize this form to request that the City of Manistee Housing Commission (CMHC) provide a reasonable accommodation to you, or any member of your household who has a disability, so that you or a member of your household may utilize your residence, or any of the CMHC's facilities, programs, or services.

For purposes of this form, please refer to the attached "Reasonable Accommodation Policy" to determine whether you are a "qualified individual with a disability".

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

If you would like to request a reasonable accommodation on behalf of yourself or a member of your household, please complete this form. You must date and sign your name at the bottom of this form and return the form to the property manager's office. If you need assistance in understanding whether you or a member of your household is a "qualified individual with a disability" or if you need assistance in completing this form, please contact your local property management office or the CMHC's Section 504/ADA Coordinator.

Date of Request

Social Security Number

Name of Applicant/Resident/Participant

Telephone Number

Address

City/State/Zip Code

1. The person with a disability is requesting a **service or assistance animal**. Please answer the questions below.

1. a. Is the animal required because of a disability?

Yes. If "Yes", answer question 1.b. below.

No. If "No, stop and discuss reasonable accommodation vs. pets.

1. b. Is the animal a service dog?

Yes. If "Yes", answer question 1.c. below.

No. If "No, go to question #2.

1. c. Has the animal been trained to do work or tasks that assist or help you with the limitation(s) posed by your disability? Note that the [PHA] is not asking for proof or certification of training.

Yes. If "Yes", answer question 1.d. below.

No. If "No, go to question #2.

1. d. What work or tasks has the animal been trained to do? Please describe:

2. As a result of this disability, the person with a disability needs an assistance animal.

Yes No

3. The household member **needs a live-in aide**. *A daily in-home worker or rotating shifts are not equally effective as a reasonable accommodation.*

Yes. If "Yes", please explain. Provide additional pages if necessary.

4. You may request a physical modification to your current unit or a transfer to a unit that has been previously modified [in your development or another development]. CMHC will work with you to determine how to fulfill your reasonable accommodation request. CMHC may require documentation to support your reasonable accommodation request(s). Please indicate which option you prefer

I wish to have modifications made to my current unit only.

I would consider moving to a unit that is currently modified, but only within my current development.

I would consider moving to a unit that is currently modified, even in another development.

5. **OTHER.** As a result of this disability, the household member needs the following reasonable accommodation(s) from CMHC. Please explain. Provide additional pages if necessary.

A physician, licensed health care professional, professional representing a social service agency, disability agency, clinic, or other professional knowledgeable about the individual's situation and competent to verify the need for the requested accommodation may provide verification of your disability.

Signature of Applicant/Resident/Participant

Date

**City of Manistee Housing Commission
Verification of Disability**

Name: _____

Date: _____

Address: _____

Dear Resident/Applicant,

You have indicated that you, or a member of your household, need a reasonable accommodation because of a disability in connection with a City of Manistee Housing Commission (CMHC) residence, facility, program or service. A physician, licensed health care professional, or a professional representing a social service agency or disability agency or clinic, or other professional knowledgeable about the individual's situation and competent to verify the need for the requested accommodation may verify this information.

Please take this letter and the enclosed pre-addressed envelope to your health care provider or other appropriated individual, clinic or agency.

The City of Manistee Housing Commission will use this information to evaluate your request for a reasonable accommodation. The City of Manistee Housing Commission will keep this information confidential. If you choose not to authorize the release of this information, we may not be able to consider your reasonable accommodation request(s).

MODIFICATION/ACCOMMODATION REQUESTED [be as specific as possible]:

City of Manistee Housing Commission Verification of Disability

**THIS FORM MUST BE COMPLETED FULLY
NO OTHER FORMS OF VERIFICATION ACCEPTED
DO NOT SEND OR ATTACH MEDICAL RECORDS.**

Resident Name: _____

Resident Address: _____

Resident Phone No.: _____

Date Verification Completed: _____

Verifier Name (PRINT): _____

I am a:

- _____ Physician
- _____ Licensed health professional
- _____ Professional representing a social service agency
- _____ Disability agency or clinic
- _____ Other professional knowledgeable about the individual's situation and competent to verify the need for the requested accommodation

License No.: _____

I _____ (Verifier Name) verify that _____ meets the following definition of disability as set forth by the U.S. Department of Housing and Urban Development:

A person with a disability means an individual who has a physical or mental impairment that substantially limits one or more major life activities. As used in this definition, the phrase "physical or mental impairment" includes:

- a) Any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems: Neurological; musculoskeletal; special sense organs; respiratory, including speech organs; cardiovascular; reproductive; digestive; genito-urinary; hemic and lymphatic; skin; and endocrine; or

- b) Any mental or psychological disorder, such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities. The term “physical or mental impairment” includes, but is not limited to, such diseases and conditions as orthopedic, visual, speech, and hearing impairments, cerebral palsy, autism, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, mental retardation, emotional illness, drug addiction and alcoholism.

“Major life activities” means functions such as caring for one’s self, performing manual tasks, walking, seeing, hearing, speaking, breathing and learning.

The definition of disability does not include any individual who is an alcoholic whose current use of alcohol prevents the individual from participating in the public housing program or activities; or whose participation, by reason of such current alcohol abuse, would constitute a direct threat to property or the safety of others.

_____ (Resident’s Name) has requested the following reasonable accommodation due to his/her disability.

I _____ (Verifier’s Name) verify that the requested reasonable accommodation will allow _____ (Resident’s Name) to perform one or more of the major life activities as described above.

Please indicate the critical time frame required to complete the requested reasonable accommodation so that the resident can have an equal opportunity to use and enjoy his/her unit and its associated premises and honor the terms of his/her lease.

- _____ Immediate
- _____ Within 6 months
- _____ From 6 months to 1 year

How long have you been familiar with the resident’s disability? _____

Date of last contact with the resident: _____

Please provide any comments you deem applicable, e.g., please provide **details, if necessary, as to why the accommodation(s) is necessary as a result of the limitations posed by the disability in order to enjoy an equal housing opportunity. Do not disclose confidential medical information regarding the nature (diagnosis) or extent of the disability. It is important that you provide a clear nexus between the requested reasonable accommodation, the disability and how granting of the request enables the individual to perform one or more of the major life functions detailed above. If no clear nexus is provided CMHC's Section 504/ADA Coordinator will contact you to request that information and require that you reduce it to written format.**

WARNING:

Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make false statements or misrepresentations to any department or agency of the United States as to any matter within its jurisdiction.

I certify that the above information is truthful, complete and accurately represents the need for reasonable accommodation:

Verifier Name and Title (PRINT)*

License #*

Verifier Signature*

Date*

Name of Organization *

Street Address*

City, State, Zip *

Direct Phone Number*

***REQUIRED**

Authorization for Release of Information

RE: Household member with disability: _____

I hereby authorize the release of information to the City of Manistee Housing Commission regarding the request for reasonable accommodation described on this form. This release shall constitute a waiver of confidentiality of our relationship, if any.

Name of Family Member/Parent/Legal Guardian **[Print]**

Date

Signature

Relationship to Resident

**City of Manistee Housing Commission
Release of Information Related to Reasonable
Accommodation**

RE:

Please print resident's name

DATE:

I hereby authorize **[Insert name of health care provider or other appropriate documenting authority]** to consult with representatives of the City of Manistee Housing Commission, in writing, in person, or by telephone concerning the physical or mental impairment(s) that I assert to qualify as an individual with a disability for purposes of this reasonable accommodation request.

In addition, I authorize **[Insert name of health care provider or other appropriate documenting authority]** to provide any relevant information that the City of Manistee Housing Commission requests concerning the impairment and the resident's housing needs.

Resident's Signature

PLEASE PROVIDE THE FOLLOWING INFORMATION

Name of Health Care Provider/Documenting Authority:

Address of Health Care Provider/Documenting Authority:

(3) Telephone Number of Health Care Provider/Documenting Authority:

(4) Facsimile Number of Health Care Provider/Documenting Authority:

City of Manistee Housing Commission
Approval of Request for Reasonable Accommodation

Date: _____

To: **[Provide Applicant's/Resident's Name & Address]**

Dear Applicant or Resident:

We have received and approved your request for reasonable accommodation. Specifically, you requested **[describe specific accommodation request(s)]**.

_____ We will provide you with the requested accommodation(s) by **[date]**.

_____ Although we have approved your request, we will not be able to complete your accommodations until **[date]** due to **[describe the reason(s) for the delay.]**

If you have any questions regarding this matter, please contact this office **[provide contact information]**.

If you think that this change or modification is not what you requested; if this is unacceptable; or, if you object to the length of time it will take to provide your request, you may contact the City of Manistee Housing Commission Section 504/ADA Coordinator at
Clinton McKinven-Copus, Executive Director
City of Manistee Housing Commission
273 Sixth Ave
Manistee, MI 49660

In addition, you may exercise your right to appeal a CMHC decision through your local HUD office or the U.S. Department of Justice. You may contact the local HUD office at:

U.S. Department of Housing and Urban Development
DETROIT FIELD OFFICE
477 Michigan Ave.
Telephone: (313) 226-7900
Toll Free: (800) 647-4167
Facsimile: (313) 226-5611

Sincerely,

Clinton McKinven-Copus, Executive Director
City of Manistee Housing Commission

City of Manistee Housing Commission
Denial of Request for Reasonable Accommodation

Date: _____

To: **[Provide Applicant/Resident's Name & Address]**

Dear Applicant or Resident:

We have received your request for reasonable accommodation. Specifically, you requested **[describe specific accommodation request(s)]**. Following our review of your request, we have denied your request for the following reason(s):

_____ You do not meet the definition of a "qualified individual with a disability" as explained in the "Reasonable Accommodation Policy" and, therefore, we are not required to provide you with a reasonable accommodation.

_____ We have determined that your request is not "reasonable" for the following reason(s): **[describe specific basis for unreasonable determination]**

_____ Your requested accommodation(s) are structurally infeasible for the following reason(s): **[describe reason(s) for structural infeasibility determination]**

_____ Your requested accommodation(s) would result in a fundamental alteration in the nature of our program for the following reason(s): **[describe the reason(s) for fundamental alteration determination]**.

_____ Your requested accommodation would result in an undue financial and administrative burden for the CMHC for the following reason(s): [**describe reason(s) for the undue financial and administrative burden determination**] -

Although we were unable to approve your specific reasonable accommodation request(s), we would like to meet with you to discuss an equally effective accommodation that may meet your needs. You may bring a friend, advocate or attorney with you to meet with us. We would like to meet with you on [**insert date, time and location, including address of proposed meeting location**]. If you are unable to meet with us at this scheduled time, please contact our office at **231-723-6201** to reschedule a mutually convenient date and time for the meeting.

If you disagree with our decision, you may contact Public Housing Authority Section 504/Coordinator at
Clinton McKinven-Copus, Executive Director
City of Manistee Housing Commission
273 Sixth Ave
Manistee, MI 49660

In addition, you may exercise your right to appeal a PHA decision through your local HUD office or the U.S. Department of Justice. You may contact the local HUD office at:

U.S. Department of Housing and Urban Development
DETROIT FIELD OFFICE
477 Michigan Ave.
Telephone: (313) 226-7900
Toll Free: (800) 647-4167
Facsimile: (313) 226-5611

Sincerely,

Clinton McKinven-Copus, Executive Director
City of Manistee Housing Commission

City of Manistee Housing Commission

Examples of Reasonable Accommodation Methods

The following list of reasonable accommodation methods are examples of modifications that may constitute of reasonable accommodations for individual PHA residents. These accommodations may not necessarily be “reasonable” for all individuals. In addition, each accommodation may not be available to every resident in every unit and/or in every development.

Section 504 states that the design, construction or alteration of buildings in conformance with § 3-8 of the Uniform Federal Accessibility Standards (UFAS) Appendix A to 24 C.F.R. § 40, shall be deemed to comply with the requirements of 24 C.F.R. § § 8.21; 8.22; 8.23; and 8.25. However, the UFAS citations noted below are provided as a reference to assist in providing a reasonable accommodation and are not intended to govern every request for a modification. In order to meet the individual’s specific disability-related need(s), the PHA may need to deviate from UFAS. In addition, the reference to a UFAS section does not require all elements in that section to be made accessible. Rather, only the specific reasonable accommodation item requested is required to be accessible per the needs of the individual requesting the reasonable accommodation.

However, some modifications may not be structurally feasible in all units or all developments; in addition, some modifications may represent an undue financial and administrative burden. In such situation, the requirement to provide a reasonable accommodation is not alleviated, but must be provided by some other means such as transferring a family with a disabled member to a unit/development where the reasonable accommodation can be provided; or, offering a Housing Choice Voucher if such a unit would address the reasonable accommodation(s) requested. Nevertheless, PHA will work with each qualified resident with a disability who requests a reasonable accommodation in order to identify a reasonable, effective and appropriate accommodation.

Common Areas⁶

Add edge protection to ramps and ramp landings with drop-offs
Widen doors
Provide accessible, lever-type door hardware
Re-hang door to lay flat against a wall when opened
Re-hang door to swing outward instead of into the accessible space
Provide accessible or adjustable closet rods and shelves
Provide lever faucets in public restrooms
Provide grab bars in public restrooms
Provide accessible toilets in public restrooms
Lower mirrors in public restrooms
Provide extra electrical outlets for TDD/TTY equipment
Provide heavier electrical circuits to accommodate higher wattage bulbs for individuals with visual impairments
Provide visual alarms for individuals who are deaf or hard of hearing
Provide accessible cabinets and countertops in public kitchens
Provide accessible appliances [i.e. refrigerators, oven, stove,] in public kitchen

Common Areas include, but are not limited to: PHA offices, including management and regional offices; private management company offices; community room; senior center; meeting room; mail room; laundry room; trash disposal; and, day care facilities.

Elevators⁷

Elevators shall be located on an accessible route

Residential or fully enclosed wheelchair lifts may be used, when appropriate, and when approved by local administrative authorities. See UFAS § § 4.10; 4.11

Building Entrances and Accessible Routes⁸

Accessible signage;

Add edge protection to ramps and ramp landings with drop-offs

Widen doors

Provides accessible, lever-type door hardware

Re-hang door to lay flat against a wall when opened

Re-hang door to swing outward instead of into the accessible space

Add or adjust door closures

Provides lever faucets in public restrooms

Provide grab bars in public restroom

Provide accessible toilets in public restrooms

Lower mirrors in public restrooms

Provide extra electrical outlets for TDD/TTY equipment

Provide heavier electrical circuits to accommodate higher wattage bulbs for individuals with visual impairments

Provide visual alarms for individuals who are deaf or hard of hearing

Providing contrasting paint on doors, around doorways, at windows, baseboards and/or stairs/risers for individuals with visual impairments

Provide an accessible route into a building

Accessible elevators shall be on an accessible route and shall comply with UFAS § 4.10 and with the American National Standard Safety Code Elevators, Dumbwaiters, Escalators and Moving Walks, ANSI A17.1-1978 and A17.1a-1979, See UFAS § 4.10; Figures 20, 22, and 23. An “accessible route” is a continuous, unobstructed UFAS-compliant path as prescribed in 24 C.F.R. § § 8.3 and 8.32 and UFAS § 4.3.

8 At least one (1) accessible route complying with UFAS § 4.3 shall be provides within the boundary of the site from public transportation stops, accessible parking spaces, passenger loading zones, if provided, and public streets or sidewalks to an accessible building entrance. See UFAS § §4.1.1(1); 4.3. In addition, UFAS requires that at least one (1) accessible route complying with UFAS § 4.3 shall connect accessible building or facility entrances with all accessible spaces and elements within the building or facility. See UFAS § § 4.1.2(1); 4.3

Trash Disposal Facilities -

Provide accessible route into and through trash disposal facilities; or, provide an equally effective accommodation such as personal trash disposal by housing staff

Laundry Facilities -

Provide accessible route into and through common-use laundry facilities. Provides at least one (1) front loading washer and one (1) front-loading dryer in public-use laundry facilities⁹, or, provide an equally effective accommodation such as the provision of a front-loading washer and dryer in resident's unit; or, provision of laundry services at PHA's expense.

Mail Delivery/Mail Boxes -

Provide accessible route into and through mailboxes/mail facilities. Provide mailbox at lower height, upon request; or, provide an equally effective accommodation such as home delivery.¹⁰

Apartment Entrance and Interior Doors -

Widen doors

Provide accessible, lever-type door hardware

Re-hang door to swing outward instead of into accessible space

Add or adjust door closure space

Adjust door opening force required for pushing/pulling the door

Provide lower peep holes or "telescoped" peep holes

Provide a visual door knocker for individuals with hearing impairments

Providing contrasting paint on doors, around doorways, at windows, baseboards and/or stairs/risers for individuals with visual impairments

Provide ramp from accessible route to accessible entrance into unit

⁹If laundry equipment is provided within individual dwelling units, or if separate laundry facilities serve one or more accessible dwelling units, then they shall meet the requirements of UFAS §§ 4.34.71 through 4.34.7.3

¹⁰"Cluster boxes", common in multi-family housing developments, are routinely placed in sequential order. However, if a customer is unable to access his/her mailbox due to a disability, the customer may submit a request under the U.S. Postal Service's "Hardship Clause" and request the relocation of the mailbox to a lower, accessible level. According to § 631.42 of the U.S. Postal Service "Postal Operations Manual", the customer submits the "Hardship Clause" request directly to his/her postal delivery person; the delivery person then submits the request to his/her manager. The manager evaluates the individual request and takes appropriate action. If the postal service is unable to relocate the mailbox the postal service may provide an alternate accommodation such as door delivery.

Apartment Light Switches & Electrical Outlets

Lower electrical switches and/or raise electrical outlets¹¹

Provide extra electrical outlets for TDD/TTY equipment or other equipment utilized by individuals with disabilities.

Provide heavier electrical circuits to accommodate higher wattage bulbs for individuals with visual impairments

Lower thermostat controls

Lower circuit breakers, when located in unit

Apartment Interior

Provide extra electrical outlets for TDD/TTY equipment or other equipment utilized by individuals with disabilities.

Provide heavier electrical circuits to accommodate higher wattage bulbs for individuals with visual impairments

Provide visual and audible alarms for individuals who are deaf or hard of hearing; and, provide visual alarms in each room of unit¹²

Provide windows which require five pounds or less of opening force; provide crank type opening mechanism with large lever, when feasible

Provide accessible storage spaces, including lowering clothes rods and/or adjustable closet shelves.

Accessible storage spaces shall comply with UFAS § 4.25; fig.38

Apartment Kitchen¹³

Lower kitchen sink

Provide lever type hardware on kitchen faucet

Provide accessible kitchen cabinets; provide accessible hardware on kitchen cabinets

Provide accessible kitchen counters and work space

If the following items are provided to non-disabled residents in a development:

Provides accessible refrigerators. See UFAS § 4.34.6.8

Provide accessible ovens. See UFAS § 4.34.6.7

Provide accessible dishwashers. See UFAS § 4.34.6.9

¹¹ The highest operable part of all controls, dispensers, receptacles, and other operable equipment shall be placed within at least one of the reach ranges specified in §§ 4.2.5 and 4.2.6. Except where the use of special equipment dictates otherwise, electrical and communications system receptacles on walls shall be mounted no less than 15" above the finish floor. *See* UFAS § 4.27.3

¹² If emergency warning systems are provided, they shall include both audible alarms complying with UFAS § 4.28.2 and visual alarms complying with UFAS § 4.28.3. *See* UFAS § 4.1.2(13)

¹³ Accessible or adaptable kitchens and their components shall be on an accessible route and shall comply with the requirements of UFAS § 4.34.6. However, the PHA will not be required to make all elements of the kitchen accessible, unless requested by the resident with a disability. Rather, the resident may request specific accessible kitchen elements.

Apartment Bathrooms ¹⁴

Provide wider doors
Provide lever type hardware on lavatory faucet
Lower wash basin
Lower mirror
Provide accessible toilet
Relocate toilet paper dispenser
Provide grab bars at toilets
Provide seat in bathtub or shower
Provide grab bars at bathtub and/or shower
Provide hand-held shower device
Relocate bathtub and/or shower control
Provide roll-in shower or shower/bathtub seat

¹⁴Accessible or adaptable bathrooms shall be on an accessible route and shall comply with UFAS § 4.34.5. However, the PHA will not be required to make all elements of the bathroom accessible, unless requested by the resident with a disability. Rather, the resident may request specific accessible bathroom elements.