

**FITCHBURG HOUSING AUTHORITY
REASONABLE ACCOMMODATION POLICY
FOR PERSONS WITH DISABILITIES**

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The Fitchburg Housing Authority (Housing Authority) does not discriminate against public housing applicants or residents on the basis of disability, either physical or mental. The Housing Authority has an obligation to make reasonable accommodations for persons with disabilities, and to make reasonable modifications of existing premises in order to afford persons with disabilities an equal opportunity to use and enjoy those premises and to participate fully in the Housing Authority's programs, activities, or services. A reasonable accommodation is a change that the Housing Authority can make to its rules, policies, practices or services. A reasonable modification is a change the Housing Authority can make to its premises, including physical alterations to a public housing unit or a public housing public or common use area in order to afford persons with disabilities equal enjoyment of those premises and to participate fully in the Housing Authority's programs, activities, or services. The Housing Authority is not required to grant any requested accommodation or modification that would require a fundamental alteration in the nature of the program or impose undue administrative and financial burdens. However, the Housing Authority shall consider all requests for accommodations or modifications based on a disability and shall grant such requests that are reasonable within the meaning of Title VIII of the Civil Rights Act of 1968 (commonly known as the Fair Housing Act) and other applicable federal and state fair housing laws.

All applicants for residency and all residents must be able to meet the essential obligations of tenancy. Such obligations include, but are not limited to, the obligation to pay rent, to care for the apartment, to report required information to the Housing Authority and to avoid creating noise disturbances. A reasonable accommodation or modification may be a means by which a resident or applicant for residency is able to meet his or her obligations of tenancy.

How to Request a Reasonable Accommodation or Modification

You may request a reasonable accommodation or modification either orally, or in writing. For your convenience, a form entitled "Request for Reasonable Accommodations/Modifications" is available at the Housing Authority's offices. However, you are not required to use this form when making a request. Written requests for a reasonable accommodation or modification may be mailed to: **Fitchburg Housing Authority, 50 Day Street, Fitchburg, MA 01420**. You may also submit your written request for a reasonable accommodation or modification by dropping it off at the Housing Authority's main office at **50 Day Street in Fitchburg**. Finally, you may also relay your request orally to a staff member at either Housing Authority office either in person, or by calling the housing authority Reasonable Accommodation Coordinator, FHA Executive Director at (978) 342-5222 extension 140.

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What to Expect After You Have Submitted a Request for a Reasonable Accommodation or Modification

After you have submitted a request for a reasonable accommodation or modification, you may be contacted by the Housing Authority and may be required to submit documentation verifying the existence of a disability and/or demonstrating the disability-related need for the requested accommodation or modification. All requests for a reasonable accommodation or modification shall be acknowledged in writing within fourteen days of the Housing Authority's receipt of an oral or written request.

Within thirty days of its receipt, the Housing Authority will make a decision on your request for a reasonable accommodation or modification. If your request is denied, the basis for the denial will be included. If you are not satisfied with the response, you may have rights to grievance procedures set forth in Massachusetts regulations. See 760 CMR 6.08. These procedures will be outlined in the response to your request. You may also refer to the complaint policy of the Fitchburg Housing Authority.

Documentation of Requests for a Reasonable Accommodation or Modification

When any employee of the Fitchburg Housing Authority (hereinafter "employee") receives a request for reasonable accommodation or modification, he or she shall promptly forward same to the Executive Director or to the Reasonable Accommodation Coordinator. A copy of the request for reasonable accommodation or modification shall be placed in the resident's file, or in the case of an applicant, with his or her application for housing.

If, pursuant to this policy, a resident or applicant orally requests a reasonable accommodation or modification, the employee who receives the request shall reduce it to writing and shall relay it to the Executive Director or to the Reasonable Accommodation Coordinator, either by e-mail or by means of a written memorandum. A copy of the e-mail or memorandum prepared by the employee shall be placed in the resident's file, or in the case of an applicant, with his or her application for housing. A request sent via e-mail directly from the resident or applicant to the Housing Authority shall be printed and placed in either the resident's file, or with the applicant's application for housing. If the e-mail from the requester is sent to an employee other than the Executive Director, it shall be forwarded promptly by that employee to the Executive Director or to the Reasonable Accommodation Coordinator.

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The Executive Director shall make a decision in writing on the request for a reasonable accommodation or modification within thirty days, and shall place a copy of the decision in the requester's file. Any further written communications between the requester and the Housing Authority relative to the request shall be placed in the requester's file or, if the requester is an applicant, with his or her application for housing. Oral communications relative to the request should be memorialized in writing by the Housing Authority and placed in the requester's file, or if the requester is an applicant, with his or her application for housing. Any communication from the Housing Authority which denies a resident's request for a reasonable accommodation or modification shall advise the resident of his or her right to make use of the grievance procedures outlined in 760 CMR 6.08.

The Housing Authority shall maintain a list of all requests for a reasonable accommodation or modification filed pursuant to this policy. The list shall include the name, address and telephone number of the person making the request, the date of the request, the nature of the request, whether the request was granted or denied, and, if denied, the reason for the denial.

The Housing Authority shall not impose any additional fees or costs and/or otherwise retaliate against any person who has exercised his or her rights under federal or state laws, including the Fair Housing Act, to make a request for a reasonable accommodation or modification and, if applicable, to receive a reasonable accommodation or a reasonable modification.

Within ten days of the beginning of their residency, all residents of the Housing Authority shall be provided with a copy of this policy. Applicants will also receive a copy of the policy when provided application materials. This policy shall be posted and prominently displayed in the Housing Authority's leasing office, and within the offices of all Housing Authority management officials.

RESIDENT ACKNOWLEDGMENT

I/we acknowledge that on _____, 20_____, I/we received a copy of the policy of the FITCHBURG HOUSING AUTHORITY REASONABLE ACCOMMODATION POLICY FOR PERSONS WITH DISABILITIES.

Signature: _____ Signature: _____

Print Name: _____ Print Name: _____

Implementation Date: December 16, 2015

Notice to All Applicants and Residents: Reasonable Accommodations and Modifications are available for Applicants and Residents with Mental and/or Physical Disabilities

Local Housing Authority (LHA) does not discriminate against applicants or residents on the basis of mental (including psychiatric) or physical disabilities. In addition, the LHA has an obligation to provide "reasonable accommodations" and "reasonable modifications" on account of a disability if an applicant or resident or a household member is limited by the disability and for this reason needs such an accommodation or modification. A reasonable accommodation is a change that the LHA can make to its rules, policies, practices, or services, and a reasonable modification is a change an LHA can make to its facilities (including physical alterations to the housing unit or public or common use areas) that will assist an otherwise eligible person with a disability to have equal opportunity to use and enjoy the housing or common or public use areas or to participate fully in the LHA's programs, activities, or services. Such changes may not be reasonable if they are not financially and programmatically feasible for the housing authority.

An applicant or resident household which has a member with a mental and/or physical disability must still be able to meet essential obligations of tenancy (for example, the household must be able to pay rent, to care for the apartment, to report required information to The LHA, and to avoid disturbing neighbors), but an accommodation or modification may be the basis by which the household is able to meet those obligations of tenancy.

The LHA has an Accommodation Coordinator. If you need an accommodation or modification because of a disability, please complete the attached form and return it to the LHA. Upon reasonable request by the LHA, you must also submit documentation verifying the existence of a disability and the disability-related need for the accommodation or modification. Within thirty (30) calendar days of receipt of your request and documentation, the Accommodation Coordinator will contact you to discuss what the LHA can reasonably do to provide you an accommodation or modification on account of your disability.

If you or a member of your household has a mental and/or physical disability, and as a result needs an accommodation or modification, you, the household member, or authorized representative, may request it at any time. However, you are not obliged to make such a request, and if you prefer not to do so that is your right.



Request for Reasonable Accommodations/Modifications

To: Accommodation Coordinator _____

Housing Authority _____

Address _____

From: _____
Applicant or Resident Name (please print) Control Number

Address

Town/City, State, Zip

(_____) _____
Area Code/Telephone Number

1. On account of my disability, I request the following be done in order to permit me to have equal opportunity to use and enjoy the housing or public or common use areas or to participate fully in the Housing Authority's programs, activities, or services: (Describe)

2. This request for a reasonable accommodation/modification is necessary so that I can:

3. Documentation needed to verify the existence of my disability and my disability-related need for the accommodation/modification is attached. (Attach appropriate documentation)

I attest that the foregoing information is true and correct.

Signature of Applicant or Resident (or authorized representative)

Date



**Verification of Disability by Physician or Other Professional
for Reasonable Accommodation/Modification Request**

Name of Physician or other professional: _____

Profession: _____

Address

Date _____

Applicant/Resident Name (Please Print) _____

Applicant/Resident Address _____

I hereby authorize release of the following information: _____ (Applicant/Resident Signature)

A local housing authority (LHA) may request verification that an applicant/resident has a disability to determine whether the applicant/resident needs a reasonable accommodation in the LHA's rules, policies, practices or services, or needs a reasonable modification of the leased premises or public or common use areas, in order to have equal opportunity to use and enjoy the leased premises or the public or common use areas, or to participate fully in the LHA's programs, activities, or services. The above-named applicant/resident has authorized your release of the requested information. We would appreciate your prompt response to the questions on the reverse side of this letter. If you have questions, please contact our office. Thank you for your anticipated cooperation.

Sincerely,

Reasonable Accommodation Coordinator



The following proposed reasonable accommodation(s)/reasonable modification(s) to provide the applicant/resident equal opportunity to use and enjoy the LHA's housing, programs, etc. is (are) under consideration by the LHA:

THE FOLLOWING TO BE COMPLETED BY PHYSICIAN (OR OTHER PROFESSIONAL):

1. Based upon your knowledge, does the above-named applicant/resident have a physical or mental impairment which substantially limits one or more major life activities,* or, do you have a record(s) of such an impairment for the above-named applicant/resident? Circle the appropriate answer:

Yes / No

*Note: Determination of whether a physical or mental impairment substantially limits a major life activity is to be made without regard to the ameliorative effects of mitigating measures (e.g., assess substantial limitation of a major life activity, including the operation of a major bodily function, without considering the benefit of medication, assistive devices, etc., to the individual). Furthermore, an impairment that is episodic or in remission is a disability if it would substantially limit a major life activity when active.

2. Does the applicant/resident have a disability-related need for the abovementioned reasonable accommodation(s)/reasonable modification(s) based on the physical or mental impairment? Please explain* your response.

*Note: please only provide information that demonstrates there is a relationship between a disability verified by a "yes" response to question 1 above and the need for the proposed reasonable accommodation/modification. Please do not otherwise provide information as to the nature or severity of the disability.

3. Other comments (please do not provide information that is not directly relevant to the reasonable accommodation(s)/reasonable modification(s)):

CERTIFICATION: I certify that the information provided above represents my professional judgment and is true and correct to the best of my knowledge and belief.

Signature of Physician or Professional

Date: _____

Name: _____

Address: _____

Telephone #: _____

