

**SOMERVILLE HOUSING AUTHORITY
REASONABLE ACCOMMODATION/MODIFICATION
POLICY AND PROCEDURES**

INTRODUCTION

This Reasonable Accommodation/Modification Policy and Procedures comprised of Part A and Part B, sets forth the policy and procedures of the Somerville Housing Authority (“SHA”) in connection with making reasonable accommodations for applicants, residents, and participants with disabilities to enable them to fully participate in SHA’s public housing and voucher programs and activities. A summary of this Policy and Procedures shall be posted in a location visible to the general public at the SHA Main Administrative Offices, Tenant Selection Office and Site Management Offices and copies of the summary and full policy and procedures shall be made available to anyone upon request.

PART A. POLICY

SECTION 1. DEFINITIONS

- 1.1.** The term “ADA” shall mean the Americans with Disabilities Act.
- 1.2.** The term “a fundamental alteration” shall mean a modification that alters the essential nature of the SHA’s operations.
- 1.3.** The phrase “individual with disabilities” shall have the same meaning as the term “Individual with handicaps” under 24 C.F.R. §8.3, as follows:

“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 an impairment; or is regarded as having such an impairment.
- 1.4.** The term “participant” shall mean an individual who presently has a voucher or has leased a unit that is subsidized through the Somerville Housing Authority Section 8 Housing Choice Voucher Program or any other federal or state housing voucher program.
- 1.5.** The term “Policy” shall mean Part A of this Reasonable Accommodation/ Modification Policy and Procedures, as adopted by the SHA Board of Commissioners, and as may be revised from time to time.
- 1.6.** The term “Procedures” shall mean Part B of this Reasonable Accommodation/ Modification Policy and Procedures, as adopted by the SHA Board of Commissioners, and as may be revised from time to time.

- 1.7.** The term “reasonable accommodation” means a change, exception or adjustment in SHA’s rules, policies, practices, or services, that will provide the opportunity to participate in SHA’s housing and other programs and services and, where applicable, to meet SHA’s essential requirements of tenancy. For the purpose of this Policy and Procedures, the term “reasonable accommodation” shall include physical modifications (structural change made to the premises which may be necessary for a person with a disability to have an equal opportunity to use and enjoy a dwelling including public and common use spaces.)
- 1.8.** The term “SHA” shall mean the Somerville Housing Authority including its agents and employees.

SECTION 2. POLICY STATEMENT

SHA is committed to ensuring that its policies and practices do not deny individuals with disabilities the opportunity to participate in, or benefit from, nor otherwise discriminate against individuals with disabilities in connection with the operation of SHA’s housing services or programs, solely on the basis of such disabilities. Therefore, if an individual with a disability requires a reasonable accommodation (such as an accessible feature or modification to SHA policy), SHA 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, SHA will offer another accommodation that would not result in an undue financial or administrative burden.

SECTION 3. PURPOSE

This Policy is intended to:

- communicate SHA’s position regarding reasonable accommodations for persons with disabilities in connection with the authority’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 SHA.

SECTION 4. AUTHORITY

The requirements of this Policy are based upon the following statutes, regulations and ordinances:

4.1. Title VIII of the Civil Rights Act of 1968, as amended in 1988 (The Fair Housing Act,

42 U.S.C. §§3601-3619): The Fair Housing Act prohibits all forms of discrimination in the sale or rental of most dwellings because of the disability of the renter or buyer, or any person residing in the dwelling, or associated with the renter or buyer. It explicitly makes it unlawful for any person to refuse to make reasonable accommodation in rules, policies, practices and services when such accommodations may be necessary to afford persons with disabilities equal opportunity to use and enjoy a dwelling unit, including public and common use areas. The Act's general non-discrimination provisions also cover race, color, religion, sex, national origin, and families with children under 18.

4.2. Section 504 of the Rehabilitation Act of 1973, (29 U.S.C.§794): Section 504 makes it unlawful to exclude otherwise qualified individuals with disabilities from participating in, to deny them the benefits of, or to subject them to discrimination under any program, service or activity receiving federal financial assistance, solely because of their disability. Section 504 case law and implementing regulations make it clear that a public housing authority is required to make reasonable adjustments to their rules, policies, practices and procedures in order to enable an applicant or resident with a disability to have an equal opportunity to use and enjoy the housing unit, the common areas and participate in or access programs and activities conducted or sponsored by the SHA and/or recipient in the most integrated manner possible.

4.3. Americans with Disabilities Act of 1990, Title II (42 U.S.C. § 12101 et seq.), (ADA): The ADA (Title II) extends the protections of Section 504 to all activities of state and local governments and their instrumentalities, including public housing authorities, regardless of the receipt of federal funding. The ADA protects individuals with disabilities from discrimination, requires that programs and activities are readily accessible to and equally usable by individuals with disabilities, and provides for reasonable modifications.

4.4. The federal regulations implementing each of these statutes are set forth in the Code of Federal Regulations as follows:

Title VIII – 24 C.F.R. Part 100 et seq.

Section 504 – 24 C.F.R. Part 8 and 24 CFR Part 40

ADA, Title II – 28 C.F.R. Part 35

ADA, Title III – 28 C.F.R. Part 36

4.5. Some of HUD's policies are contained in its **Notices** including the following:

PIH 2008-13

PIH 2006-13

PIH 2005-5

PIH 2003-31

PIH 2002-01

PIH 1999-52

Additional HUD guidance is found in the Joint Statements of the Department Of Housing and Urban Development and the Department of Justice for “Reasonable Accommodations under the Fair Housing Act” dated May 16, 2004 and “Reasonable Modifications under the Fair Housing Act” dated March 5, 2008.

- 4.6. Massachusetts General Laws, Chapter 151B (The Massachusetts Housing Bill of Rights for People with Disabilities):** This Act makes it unlawful for an owner, lessor, or managing agent of housing accommodations to refuse to rent, lease, or to discriminate in the provision of housing to any person or group of persons because of their race, religious creed, color, national origin, sex, sexual orientation, ancestry, age, marital or familial status, receipt of public assistance or disability. The Act specifically provides that refusal to make reasonable accommodations where necessary and (for publicly assisted housing) reasonable modifications constitutes discrimination based on disability.
- 4.7. The Massachusetts Equal Rights Law, (M.G.L. Chapter 93, § 103):** This law states that any person in Massachusetts, regardless of disability or age, shall with reasonable accommodation, have the same rights as other persons to make and enforce contracts, purchase, lease, sell, hold, and convey property.
- 4.8. Amendment Article 114 of the Massachusetts Constitution:** This Amendment states that no otherwise qualified individual with a disability shall, solely by reason of his or her handicap, be excluded from participation in, be denied the benefits of or be subject to discrimination under any program or activity within Massachusetts.
- 4.9. City of Somerville Ordinance Chapter 2, Article V, Division 6, Sec. 2-237. Human Rights Policy.** It is declared to be the public policy of the city, including its employees, agents and officials, to protect and promote the constitutional, civil and human rights of all people within the city. No person shall be unlawfully discriminated against in matters of housing on the basis of disability.
- 4.10 City of Somerville Ordinance Chapter 7, Article III, Sec. 7-41. Fair Housing Policy.** It is declared to be the public policy of the city that each individual regardless of race, color, creed, religion, sex, handicap, children, marital status, sexual preference, source of income, military status, age, ancestry and/or national origin shall have equal access to housing accommodations, facilities, services and financial aid, and to encourage and bring about mutual understanding and respect among all individuals in the city by the elimination of prejudice and discrimination in the area of housing.

SECTION 5. DISABILITY

5.1. A Person With A Disability Is One Who:

1. Has a physical or mental impairment that substantially or materially limits one or more major life activity; or

2. Has a record of such impairment; or
3. Is regarded as having such impairment.

5.2. Excluded from the definition of a disability are:

1. Sexual behavior disorders such as transvestitism, pedophilia, Exhibitionism and voyeurism; and;
2. Compulsive gamblers, kleptomaniacs or pyromaniacs; and
3. Homosexuality, bisexuality, gender disorders and transsexual conduct.

5.3. Illegal Drug Use

Under 24 CFR § 100.201 (a) (2), a disability does not include the *current* illegal use of or addiction to a controlled substance. Where there is evidence of illegal drug use with the last known use more than twelve months previous, then the use will be presumed to be non-current. Where there is evidence of illegal drug use within the last twelve months, the resident/applicant/participant may provide evidence of recovery to establish that his/her use is not current.

5.4. Mental and Physical Impairments

A mental impairment may include, but is not limited to, developmental disabilities, , organic brain syndrome, emotional or mental illness (such as major depressive disorder) and specific learning disabilities. A physical impairment may include impairment of the following body systems: neurological; musculoskeletal; senses; respiratory; cardiovascular; reproductive, digestive, genitourinary, hemic and lymphatic; skin; and endocrine. A mental or physical impairment may include but is not limited to cerebral palsy, autism, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, and diabetes.

The phrase “physical or mental impairment” includes, but is not limited to, contagious and non-contagious diseases and conditions, such as orthopedic, visual, speech and hearing impairments, cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, heart disease, diabetes, mental retardation, mental illness, specific learning disabilities, HIV disease (whether symptomatic or asymptomatic), tuberculosis, a history of drug addiction, and alcoholism. The phrase “physical or mental impairment” includes those impairments which are episodic and/or in remission provided that they would substantially limit a major life activity when active.

The following conditions are *not* impairments: normal pregnancy; normal deviations in height, weight, or strength; current illegal use of a controlled substance; psychoactive

substance use disorders resulting from current illegal use of drugs; compulsive gambling, kleptomania, or pyromania; and pedophilia, exhibitionism, and voyeurism.

5.5. Major Life Activity

Major Life Activity includes but is not limited to caring for one's self, doing manual tasks, walking, seeing, sleeping, hearing, speaking, breathing, learning, eating, standing, lifting, bending, reading, concentrating, thinking, communicating, and working. A Major Life Activity also includes the operation of a major bodily function such as immune system, normal cell growth, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine and reproductive functions.

The determination of whether an impairment substantially limits a major life activity shall be made without regard to ameliorative measures such as hearing aids or anti-psychotic medications.

5.6. A Qualified Person With A Disability

A qualified person with a disability is one who meets the essential eligibility requirements and who can achieve the purpose of the program or activity with or without reasonable accommodation.

5.7. Essential Eligibility Requirements

Essential eligibility requirements include but are not limited to: stated eligibility requirements like income; timely payment of financial obligations; care of premises; no disqualifying criminal or drug activities; respect for the rights of others; and requirements inherent to the program or activity. Compliance with all essential obligations of occupancy can be met with or without supportive services. A person may request a reasonable accommodation to meet the essential eligibility requirements.

5.8. Exclusions

A person with a disability may be excluded from a housing program when the person is not "otherwise qualified" for housing or when a person's tenancy with a reasonable accommodation would pose a direct threat to others' health or safety or would result in substantial physical damage to the property of other residents or the landlord. Before the SHA may conclude that a person with disabilities poses such a direct threat or will cause such damage that cannot be mitigated by reasonable accommodation, the SHA must make an individualized assessment, based on reasonable judgment, that relies on current medical knowledge or on the best available objective evidence to ascertain a) the nature, duration, and severity of the risk; b) the probability that the potential injury will actually occur; and c) whether reasonable modifications of policies, practices or procedures will mitigate the risk.

SECTION 6. REASONABLE ACCOMMODATION

6.1. Introduction

It is presumed that the individual with a disability is usually knowledgeable of the appropriate types of, and methods for, providing reasonable accommodations needed when making a request.

The procedure for evaluation and responding to requests for a Reasonable Accommodation relies on a cooperative relationship between SHA and the applicant/resident/participant. The process is **not** adversarial.

In granting reasonable accommodations, the SHA shall offer programs and activities in the most integrated setting appropriate.

A person need not request an accommodation (including modifications) where architectural accessibility is otherwise required by law.

6.2 Need for an Accommodation

A reasonable accommodation may include a transfer, an alteration to the home or housing complex or an exception to SHA's rules, policies or procedures. SHA may accept the judgment of the person with the disability that an accommodation is needed or SHA may require the person to show the need for an accommodation.

The accommodation must be requested unless the need for such accommodation is readily apparent or otherwise known to the SHA. Any request may be made orally or in writing; may be made at any time and may be made by an applicant, tenant or household member and/or anyone acting on their behalf. The SHA shall make available to the requestor a reasonable accommodation form but the request does not have to be in any particular form nor do the words "reasonable accommodation" needs to be used. Upon request, the SHA shall provide assistance to the person in completing the form.

Additionally, if the SHA has information and/or it is apparent that a person is disabled and appears to need an accommodation in order to use and enjoy a SHA dwelling or program, then the SHA shall offer to engage in a dialogue about any needed accommodation.

6.3. Nexus Between the Disability and Accommodation.

For a tenant or applicant to receive a reasonable accommodation, there must be a connection between the disability and the requested accommodation.

If SHA requires more information to understand the connection between the disability and the requested accommodation, SHA shall request further supporting documentation to establish how

the requested accommodation will effectively help that person meet essential applicant or tenancy obligations.

6.4. Accommodation must be Reasonable

If a requested accommodation is reasonable, then SHA will grant it. A request for an accommodation shall be considered to be "reasonable" as long as it does not create an undue financial hardship and administrative burden or constitute a fundamental alteration in a housing program or activity.

- a. The determination of whether an accommodation constitutes an undue financial and 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. SHA has the burden to show that the accommodation would result in an undue financial hardship and administrative burden.
- b. If granting the requested accommodation would create an undue financial and administrative burden, the SHA shall comply with the request to the extent it can do so without undergoing undue burden(s) as described above.
- c. If granting the requested accommodation would constitute a fundamental alteration in the housing program, the SHA may deny the request. SHA has the burden to show that the accommodation would constitute a fundamental alteration.
- d. Each request for an accommodation should be considered as an individual request and should be granted if the particular accommodation requested meets the criteria outlined above. The fact that granting an accommodation for one person could set a precedent, and that granting requests by a substantial number of other persons for the same accommodation could have a significant impact on the program shall not constitute a sufficient basis for a finding that a particular accommodation constitutes a fundamental alteration.

6.5. Examples of reasonable accommodations might include, where appropriate:

1. Retroactive rent decrease where the delay in reporting or verification was the result of a disability
2. Allowance of a pet(s) to reside with a public housing tenant with a disability where such pet is needed for emotional support or physical assistance
3. Permitting a Section 8 housing choice voucher holder to have a voucher with additional bedrooms or at a higher payment standard where needed for disability-related reasons
4. Approving an applicant for public housing where the applicant has demonstrated that a prior criminal record was drug or alcohol-related and that he/she has been rehabilitated

5. Holding off on eviction proceedings for poor housekeeping where a SHA tenant with disabilities is seeking or receiving services to assist with housekeeping tasks
6. Holding off on eviction proceedings for an interference with a neighbor's quiet enjoyment where a person is in the process of obtaining enhanced medical services which may alleviate the interference
7. Adding grab bars, relocating controls, providing more accessible or adjustable fixtures in the bathroom or kitchen where necessary to enable a person to safely use those rooms and providing wider doors and re-hanging doors to swing outward instead of into the accessible space.
8. Allowing additional time to provide recertification information where, due to a disability, a Section 8 or public housing tenant fails to timely provide such information
9. Permitting a Section 8 tenant with disabilities to rent from a relative
10. Providing an assigned parking space near the entrance to the tenant's public housing apartment
11. Making a reader or sign language interpreter available during an interview
Installing flashing light smoke detectors in units and common areas.

SECTION 7. AMENDMENT.

- 7.1. Policy and Procedures.** The Policy and Procedures may be amended only by resolution of the Board of Commissioners after opportunity for meaningful tenant and public comment.
- 7.2. Legal Compliance.** Any amendment to the Policy or Procedures shall be consistent with all applicable laws and regulations.

SECTION 8. EMPLOYEE TRAINING

- 8.1.** All current SHA employees shall be advised of, and provided detailed training on, the SHA's Reasonable Accommodation Policy and Procedures and their responsibilities thereunder.
- 8.2.** At the commencement of their employment with SHA, new employees shall be similarly advised of, and provided detailed training on, the SHA's Reasonable Accommodation Policy and Procedures and their responsibilities thereunder.

PART B. PROCEDURES

PROCEDURE #1 - COMMUNICATION WITH APPLICANTS AND RESIDENTS

- 1.1.** 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 2) or, upon the applicant’s request, the Request Form must be provided in an equally effective format.
- 1.2.** SHA Residents seeking accommodations may contact the Housing Management Office located within their housing development, their Housing Manager or the SHA Administrative Office at 30 Memorial Road, Somerville, 617.625.1152. TTY:
- 1.3.** SHA Section 8 participants seeking accommodations may contact their Section 8 Coordinator, the Director of the SHA Rental Assistance Department or the SHA Administrative Office at 30 Memorial Road, Somerville, 617.625.1152. TTY:
- 1.4.** Applicants seeking accommodations may contact their Tenant Selection Representative, the Director of the Tenant Selection Department or the SHA Administrative Office at 30 Memorial Road, Somerville, 617.625.1152. TTY:
- 1.5.** Where the SHA staff receives routine requests for reasonable accommodation (such as re-scheduling an appointment or inspection), he or she may approve such request.
- 1.6.** All requests for Reasonable Accommodation received by SHA staff (and not approved as set forth in Section 1.5 above) shall be promptly forwarded to the Executive Director or his/her designee. In addition, any requests for Reasonable Accommodation may be submitted directly to the Executive Director. The Executive Director or his/her designee shall review the request to determine whether additional information is necessary, whether it is necessary to meet with the individual making the request, and whether to grant or deny the request, within the time limits set forth below.
- 1.7.** Upon receiving the request, the SHA will respond to the request as soon as possible and no later than ten days. The SHA shall provide due consideration to the time-sensitive nature of any request. If SHA requires additional information or documentation, it shall provide a written request to the resident by using the Request for Information or Verification Form (“Request for Information”), a copy of which is affixed hereto as Attachment 3.
- 1.8.** SHA will approve or deny the request as soon as possible but no later than ten days after receiving all needed information and documentation from the applicant or resident. All decisions to grant or deny reasonable accommodations will be communicated in writing or if required, in an alternative format in order to communicate the decision to the applicant/resident. Exceptions to the 10 day period for notification of SHA’s decision on the request should be provided to the resident in writing setting forth the reasons for the

delay. A copy each of the Letter Denying Request for Reasonable Accommodations and the Letter Approving Request for Reasonable Accommodations are affixed hereto as Attachment 4 and Attachment 5, respectively.

- 1.9** The SHA shall offer the person requesting the accommodation an opportunity for an interactive dialog prior to any denial of his/her request.
- 1.10.** Verification and Confidentiality. The SHA has a right to request that the resident or applicant provide medical information if the information submitted does not clearly explain the nature of the disability or the need for the reasonable accommodation or does not otherwise clarify how the requested accommodation will assist the individual. Such a request for documentation must be specific so that the individual will know what to provide. The SHA shall not request an applicant/resident or his/her medical provider to provide the individual's entire medical records but shall only seek that information necessary to evaluate a request for reasonable accommodation. The SHA does not have the right to obtain medical information as to diagnosis, medical history, or medical treatment unless directly relevant to the request for reasonable accommodation. All information gathered in this process must be kept confidential and the Executive Director or his/her designee, as applicable, shall not share this with other SHA staff unless such staff person is involved in making or implementing the decision on the request for reasonable accommodation.
- 1.11.** The SHA will use appropriate auxiliary aids and accessible formats where necessary to provide for effective communication with persons with disabilities, including those with hearing, speech, vision, and cognitive impairments.
- 1.12.** The SHA shall (in writing) inform any resident whose reasonable accommodation request has been denied in full or in part, of his or her right to file a fair housing complaint, whether or not the SHA grievance procedure is pursued, with the following administrative agencies or in court:

Department of Housing and Urban Development (HUD)
10 Causeway Street
Boston, MA 02222
Telephone: (617) 994-8200
TTY # (617) 565-5453

Massachusetts Commission Against Discrimination (MCAD)
One Ashburton Place
Room 601 (6th Floor)
Boston, MA 02108
Telephone: (617) 994-6000
TTY # (617) 994-6196

- 1.13.** The SHA will maintain at its Tenant Selection Office, Management Offices, and Administrative Offices written materials which summarize this Policy and highlight the Procedures for making a request for reasonable accommodations.

- 1.14. The SHA will publicly post and make available at the Administration Offices, Tenant Selection Office and Management Offices, Notice to Individuals with Disabilities regarding Reasonable Accommodations and Reasonable Accommodation Request forms. This Notice and the Request Form will also be posted on the SHA's website and will be included in the public housing Resident Handbook, Section 8 briefing packet, and in other orientation materials for SHA residents.
- 1.15 SHA shall make this Reasonable Accommodations Policy and Procedures document available in full, and in accessible formats when requested, to any person who requests it.
- 1.16. While a person's request for a reasonable accommodation is pending, the SHA shall take no adverse action against such person which relates to the pending request.

PROCEDURE #2 - SEQUENCE FOR MAKING DECISIONS

Prior to denying a request for reasonable accommodation, at any stage, the SHA must first offer a meeting (as set forth in Section 1.9 above) to explore the SHA's reason(s) for the proposed denial.

- 2.1. Is the applicant/resident a qualified "individual with a disability"?
 - (a) If **NO**, SHA is not obligated to make a reasonable accommodation; therefore, SHA may deny the request.
 - (b) If **YES**, go to Step 2.2.
 - (c) If more information is needed, SHA shall 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 6).
- 2.2. Is the requested accommodation related to the disability?
 - (a) If **NO**, SHA is not obligated to make the accommodation; therefore, SHA may deny the request.
 - (b) If **YES**, go to Step 2.3.
 - (c) If more information is needed, SHA shall either write for more information using the *Request for Information* Letter, or request a meeting using the *Request for Meeting* Letter.

2.3. Is the requested accommodation reasonable?

- (a) If **YES**, SHA shall approve the request for reasonable accommodation and promptly implement it. SHA shall promptly prepare and send the Letter Approving *Request for Reasonable Accommodations*.
- (b) If **NO**, SHA may deny the request, but the SHA shall first offer (see Section 1.9 above) to engage in an interactive dialogue with the person requesting the accommodation to determine whether any other accommodation is reasonable. Then, the SHA shall promptly prepare and send the Letter Denying *Request for Reasonable Accommodations*.
- (c) If more information is needed, SHA shall either write for more information using the Letter Approving *Request for Reasonable Accommodations*, or request a meeting using the *Request for Meeting* Letter.

ATTACHMENTS TO PROCEDURES

**ATTACHMENT 1 - NOTICE TO INDIVIDUALS WITH DISABILITIES
REGARDING REASONABLE ACCOMMODATION**

ATTACHMENT 2 – REQUEST FOR REASONABLE ACCOMMODATION

ATTACHMENT 3 – REQUEST FOR INFORMATION OR VERIFICATION

**ATTACHMENT 4 - LETTER DENYING REQUEST FOR
REASONABLE ACCOMMODATIONS**

**ATTACHMENT 5 - LETTER APPROVING REQUEST FOR REASONABLE
ACCOMMODATIONS**

ATTACHMENT 6 - REQUEST FOR MEETING

**ATTACHMENT 7 - REQUEST FOR INFORMATION FROM THIRD PARTIES
CONCERNING REASONABLE ACCOMMODATION**

ATTACHMENT 1

NOTICE TO INDIVIDUALS WITH DISABILITIES REGARDING REASONABLE ACCOMMODATION (Applicants, Residents, Participants)

The Somerville Housing Authority (SHA) is a public agency that provides rental subsidies and low rent housing to eligible families, elderly/handicapped/disabled households and single people. The SHA does not discriminate against applicants, participants, or residents on the basis of their race, creed, color, religion, sex, national origin, marital or familial status, disability, and age, receipt of public assistance or sexual preference.

Under applicable law, the SHA provides “reasonable accommodation” to applicants, participants, and residents 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 SHA housing or other SHA programs. A reasonable accommodation is some modification or change the SHA can make to its apartments or procedures that will assist an otherwise eligible applicant with a disability/handicap to take full advantage of the SHA’s housing and other programs, provided that the change does not pose an undue financial or administrative burden to the SHA or require a fundamental change in its program. A reasonable accommodation may also include providing an appropriate auxiliary aid to an applicant, participant, or resident with a disability/handicap where such assistance is necessary to enable effective communication with the applicant, participant or resident.

Examples of reasonable accommodation may include the SHA:

- 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 SHA’s applicant screening criteria;
- allowing additional time to provide recertification information where, due to a disability, a Section 8 or public housing tenant fails to timely provide such information;
- holding off on eviction proceedings for poor housekeeping where a SHA tenant with Disabilities is seeking or receiving services to assist with housekeeping tasks;

An applicant, participant, or resident household that has a member with a disability/handicap must still be able to meet essential obligations of tenancy -- they must be able to pay rent, to

care for their apartment, to report required information to the housing authority, to avoid disturbing their neighbors, etc. This requirement takes into consideration whether any requested reasonable accommodation would permit the applicant to be considered eligible

If you or a member of your household have a disability and think you might need or want a reasonable accommodation, you may request it in writing at any time in the application process or after admission. This is up to you. If you would prefer not to discuss your situation with the housing authority, that is your right.

You can get a Request for Reasonable Accommodation form at or from the SHA Administrative Office at 30 Memorial Road, Somerville, MA, the Housing Management offices or the Tenant Selection Department. If you require help in filling out that form or need to submit your request in some other way, you should contact the SHA at 617.625.1152 or TDD 617-628-8889.

ATTACHMENT 2

REQUEST FOR REASONABLE ACCOMMODATION

NAME: _____ **TELEPHONE:** _____

ADDRESS: _____

1. The following member of my household has a disability as defined below:
(A physical or mental impairment that substantially limits one or more life activities; or a record of having such an impairment; or regarded as having such an impairment)

Name: _____

Relationship or association with you* _____

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

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

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

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

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

4. The Somerville Housing Authority may need to verify that I have a disability and have the need for the reasonable accommodation I have requested. The following physician, psychiatrist, licensed psychologist, licensed nurse practitioner, licensed social worker, rehabilitation professional, non-medical service agency whose function is to provide services to the disabled, or other expert _____ has information relevant to my request.

Name:

Title of professional or expert:

Agency, Facility or Institution (if any)

Address:

Telephone:

_____ I have presented verification directly to SHA.

_____ I have signed the attached release authorizing the SHA to have my medical provider complete the Request for Information from Third Parties Concerning Reasonable Accommodation.

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

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

Witness: _____ Date: _____

*If on behalf of a minor child, please indicate whether you are the parent or guardian.

Where the individual with the disability is over 18 and is not the head of household, he or she should sign the authorization for verification.

ATTACHMENT 3

REQUEST FOR INFORMATION OR VERIFICATION

Date:

To:

Dear Applicant, Resident or Participant:

We have received your Request for a Reasonable Accommodation. We need to know more about [issue, simply and clearly stated] before we can make a decision regarding 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 617-625-1152 or TDD 617-628-8889. Please call if you have any other questions.

Sincerely,

[signature and name and title]

ATTACHMENT 4

DENIAL OF REQUEST FOR REASONABLE ACCOMMODATION

Date:

To:

Dear Applicant, Participant, 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 a disability and we are not required to provide a reasonable accommodation.

_____ There is no connection between your disability and the accommodation requested.

_____ We think the accommodation you requested is not reasonable because we have decided:

_____ 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 the decision of the SHA, you may file a grievance by communicating to the SHA your desire to grieve this decision within seven days of your receipt of the notice of the SHA's decision.

If you disagree with our decision, you may also contact either of the following administrative agencies:

Department of Housing and Urban Development (HUD)
10 Causeway Street
Boston, MA 02222
Telephone: 1 (800) 827-5005, or (617) 565-5308
TDD # (617) 565-5453

Massachusetts Commission Against Discrimination (MCAD)
One Ashburton Place
Room 601
Boston, MA 02108
Telephone: (617) 727-3990
TTY # (617) 727-3990 ext.588

If you disagree with our decision, you may also pursue this matter in court.

Sincerely,

[Signature and name and title]

ATTACHMENT 5

APPROVAL OF REQUEST FOR A REASONABLE ACCOMMODATION

Date:

To:

Dear Applicant, Resident or Participant:

We have approved your request for the following change or reasonable accommodation [description]:

_____ we can provide you with this 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]

If you have any questions, please call us at 617-625-1152 or TDD 617-628-8889 .

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 me at the Somerville Housing Authority to discuss this matter further.

You may also contact the following agencies:

Department of Housing and Urban Development (HUD)
10 Causeway Street
Boston, MA 02222
Telephone: 1 (800) 827-5005, or (617) 565-5308
TDD # (617) 565-5453

Massachusetts Commission Against Discrimination (MCAD)
One Ashburton Place
Room 601
Boston, MA 02108
Telephone: (617) 727-3990
TTY # (617) 727-3990 ext.588

Sincerely,

[signature and name and title]

ATTACHMENT 6

REQUEST FOR A MEETING

Date:

To:

Dear Applicant, Resident or Participant:

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, and place]. If you cannot come at that time, please call us at 617-625-1152 or TDD 617-628-8889:

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,

[signature and name and title]

Attachment 7 -

**REQUEST FOR INFORMATION FROM THIRD PARTIES CONCERNING
REASONABLE ACCOMMODATION**

Date

Name

Address

Re: Name of applicant, participant, resident

Dear Health Care Provider:

_____ is an applicant to, or tenant of, the Somerville Housing Authority (SHA). He or she has informed the SHA that he or she is disabled and, as an accommodation to his/her disability, has asked the SHA to make the following exception to its rules or practices or to pay for the following modification to his/her apartment.

Before the SHA can respond to this request, it needs to understand the request better and/or to verify the information. You have been listed as someone who can help us. Please fill out the attached form and return it to me at the following address as soon as possible:

Somerville, MA

Thank you.

Sincerely yours,

Name

Title

Telephone Number:

1. What is your relationship to the person making this request?

2. Assessment of the Person's Disability. A person is disabled if he/she meets the following:

Has a physical or mental impairment which substantially limits one or more major life activities; a record of such impairment; or being regarded as having such impairment.

A major life activity includes but is not limited to caring for one's self, doing manual tasks, walking, seeing, sleeping, hearing, speaking, breathing, learning, eating, standing, lifting, bending, reading, concentrating, thinking, communicating, and working. A major life activity also includes the operation of a major bodily function such as immune system, normal cell growth, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine and reproductive functions. The determination of whether an impairment substantially limits a major life activity shall be made without regard to ameliorative measures such as hearing aids or anti-psychotic medications.

Check One:

- The person IS disabled under this definition. The following major life activity or activities are limited by the person's disability:

- The person IS NOT disabled under this definition.
- I do not have enough information to make this assessment.

3. Need for the Accommodation/Modification: Please describe why you believe that this person needs or does not need the requested accommodation/modification to allow him/her to effectively use the housing program or service and whether or not the requested accommodation/modification is connected to his/her disability.

Your Signature: _____

Printed Name: _____

Title: _____

Agency/Affiliation: _____

Address: _____

Telephone: _____

Date: _____

Release

I authorize _____ to complete and return this form to the
Somerville Housing Authority.

Signature: _____

Date: _____