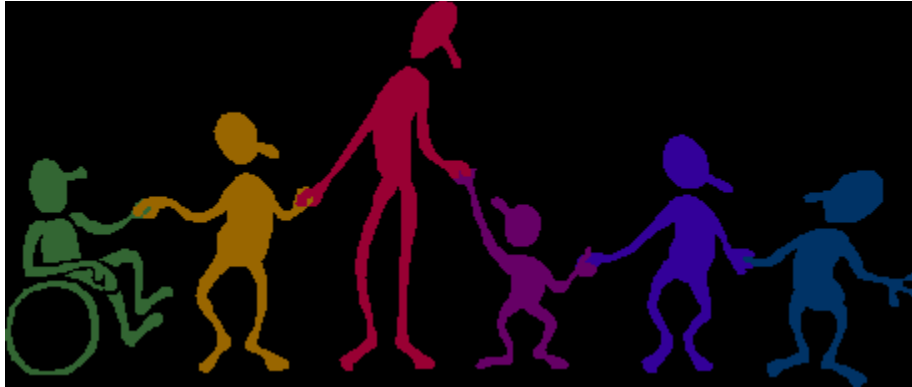


GLOUCESTER CITY HOUSING AUTHORITY

REASONABLE ACCOMODATIONS POLICY



GLOUCESTER CITY HOUSING AUTHORITY
REASONABLE ACCOMMODATION PLAN

1. Accommodation Plan
2. Reasonable Accommodations / Modifications
3. Residents Accommodation Request form
 - a. Accommodation Request form – Third Party Verifier
4. Live-in Aid Verification Form
 - a. Live-in Aid Agreement
5. Copy of HUD Directive in 504 compliance
6. Vendors

REASONABLE ACCOMMODATION PLAN

Gloucester City Housing Authority will adhere to the following procedure to maintain 504 compliance:

The site will have a binder titled, “Reasonable Accommodation Plan”

The binder will contain the following:

- List of items the property has done to make reasonable accommodations for disabled residents
- List of items the property has done to make reasonable modifications for disabled residents
- Verification and request forms
- A Copy of HUD’s directive in 504 Compliance (HUD 4350.3; 2-18 and 2-42)

The Administrator will:

- Keep the three ring binder up to date and be prepared to show the information to a reviewer during the annual Management Review or Fair Housing Auditor
- Administrator and all staff employees will comply with all Federal State and Local Fair Housing and Civil Rights Laws and with the Equal Opportunity requirements in HUD administrative procedures
- Ensure letterhead displays the Equal Housing Opportunity logo and Telecommunications Device (TTY) number listed.

- Have the following documents posted in the community center / office, in a conspicuous location
 - Fair Housing Poster
 - Equal Housing Opportunity Poster
 - Office of Civil Rights, Department of Executive Services Fair Housing: Reasonable Accommodation Statement

This binder will be audited annually by the Executive Staff/ Property Manager

FAIR HOUSING & 504 COMPLIANCE

Properties with Federal Assistance (e.g. Section 8) must follow Section 504 of the Rehab Act of 1973. Owners must both furnish and pay for reasonable modifications, without causing a financial hardship, requested by disabled residents.

All units must be made available to the general public and all applicants have the right to complete an application. All families will be treated fairly, consistently and with respect.

Seven (7) Protected Classes:

- Familial Status
- Race
- Sex
- Handicap
- Color
- Religion
- National Origin

Handicap (Disability) Discrimination

The word handicap is an old negative term. The word handicap has been appropriately replaced with the terms disability or accessibility.

Accessibility of units and all common areas

Accessibility means that the public or common use areas of the building can be entered by individuals with physical disabilities. Residents with disabilities have the right to requests reasonable modifications to the interior, exterior, or common areas of their housing.

ADA requirements can include the following modifications:

- Door width
- Light switches, outlets and environmental controls
- Reinforcement for grab bars in bathrooms
- Kitchens & bathrooms must allow a wheelchair to maneuver
- Accessible route to 1st floor units and entrance to 1st floor units
- Reasonable accommodations

Reasonable Accommodations

Housing providers may be required to make reasonable accommodations to their rules, policies, practices, or services if needed by a disabled person in order to use the premises.

Examples:

- Permitting service animals, when the property has a no pet policy
- Reserving parking for a disabled individual
- Modifying the rent payment method
- Traveling to an applicant's home to help with a rental application
- Mailing applications upon request
- Providing literature and forms upon request

Reasonable Modifications:

Modifications affect the physical structure of an apartment or common area.

Examples:

- Installing a ramp
- Installing a grab bar in tub area
- Removing lower cabinets to enable a wheel chair accessibility

Advertising to Avoid:

Avoid using phrases that might suggest a preference for certain groups such as:

Adults Preferred
Couples Preferred
Adult Building
Infants Only

Mature Persons
Restricted
Children to age 5
Newlyweds and
singles

Ideal for Working People
Senior Discount
Hispanic Community

Leasing Awareness:

Do not ask unlawful questions such as:

- Who is going to take care of you?
- What kind of disability do you have?
- Why are you receiving SSI?
- Are you under a doctor's care?

FAIR HOUSING: REASONABLE ACCOMMODATION

The **Fair Housing Act** at 42 U.S.C. 36504(f)(3)(b) requires housing providers to "make reasonable accommodation in rules, policies, practices, or services, when such accommodations may be necessary to afford (a disabled person equal opportunity to use and enjoy a dwelling."

Reasonable Accommodations

What options can a housing provider consider when handling a reasonable accommodation request?

Options include:

1. Drafting a written response to the request. The request should be professionally written. If the request is unclear or unusual, ask for clarification before finalizing an answer. If you can't give an answer right away, respond quickly with a timeline for the response.
2. Requesting verification from a medical professional that the accommodation is necessary to afford the disabled person equal opportunity to use and enjoy the dwelling. "Medical professional" is a very broad term and can include a doctor or a therapist. Note that a medical professional is asked to draw a connection between a disability and the accommodation, not describe the disability itself.
3. Be creative and reasonable in offering alternative to the requested accommodation if you can demonstrate that the original request is not reasonable. What is "unreasonable"/ I defer that matter to the attorneys.
4. What is a disability? A disability (according to federal law) is a "physical or mental impairment which substantially limits; one or more of such person's major life activities; a record of having such an impairment; or being regarded as having such an impairment, but such term does not include current, illegal use of or addiction to a controlled substance (as defined in Section 102 of the Controlled Substance Act (21 U.S.C.J802))." Please; note that state and local fair housing laws may (usually) have a broader definition of Disability than federal law.

Examples of disabilities include: cancer blindness, deafness, paraplegia, AIDS, and any other physical impairment that substantially limits one or major life activities. Please note that disability includes mental impairments (such as brain injury or psychiatric disability) that substantially limit one or more major life activities. Federal law also includes recovering abusers of controlled substances a disabled.

Some examples of reasonable accommodation include: Allowing for assistant animals in a building that does not allow pets, sending copies of notices and correspondence to third parties, drafting correspondence in large type for a person with sight disability, allowing for a disabled resident to share his or her housing with a live-in aide, allowing a tenant to mail rent to the office and providing reserved accessible parking for a disabled tenant.

REASONABLE ACCOMMODATIONS AND MODIFICATIONS REQUESTS

Reasonable accommodations and modification requests as related to Section 504 of the rehabilitation Act of 1973 shall be treated as follows;

1. Resident will submit their request in writing to the Properly Manager.
2. Written verification from a medical professional shall be requested by the staff as it relates to the necessity of the accommodation provided to allow a disabled person equal opportunity to use and enjoy the dwelling. Medical professional can include a doctor or a therapist.

Note: A medical professional is asked to draw a connection between a disability and the accommodation, not describe the disability itself. Response must be mailed or faxed directly to the property by the physician.

3. If specific obstacles prevent the granting of a reasonable modification, the request may be determined unreasonable due to budget restraints, structural design or topography limitations,
4. A disability, according to federal law, is a physical or mental impairment which substantially limits] one or more of a person's major life activities. The term, "disability", does not include current illegal use of or addiction of a controlled substance as defined in Section 102 of the Controlled Substance Act (21 U.S.C. 802).
5. HUD requires Property Manages to provide a written response upon receipt of a written request from a resident. Written responses need to be provided to the resident within five (5) business days.

RESIDENT'S REASONABLE ACCOMMODATION REQUEST FORM

Gloucester City Housing Authority is committed to the letter and spirit of the Fair Housing Act, which, among other things, prohibits discrimination against persons with disabilities. In accordance with our statutory responsibilities and management policies, we will make reasonable accommodations in our rules, policies, practices, or services, when such accommodations may be necessary to afford persons with disabilities an equal opportunity to use and enjoy their housing communities. If you are requesting such an accommodation, please fill out this form and return it to the manager

Resident's Name: _____

Address: 101 Market Street, Gloucester, NJ 08030 Apt _____

Date of Request: _____

Please describe the accommodation (exception to our usual rule or policy) that you are requesting:

1. Do you consider yourself to be disabled?

*The Fair Housing Act defines disability as a physical or mental impairment that **substantially** limits one or more major life activities. The Supreme Court has determined that to meet this definition a person must have an **impairment that prevents or severely restricts the person from doing activities that are of central importance in most peoples' daily lives.***

YES _____

NO _____

2. Please describe how the requested accommodation is necessary for your use and enjoyment of your apartment community? (If needed, you may write on the additional sheets of paper.)

Please provide the contact information for a professional third-party verifier to whom we will send the attached form. It will be necessary for the professional to complete and return the form directly to the Management office in order for the accommodation.

Name: _____

Position: _____

Address: _____

Telephone (_____) _____ - _____

REASONABLE ACCOMMODATION FORM

Gloucester City Housing Authority provides reasonable accommodations to our residents with disabilities who have a verifiable need for the reasonable accommodation. A reasonable accommodation is an exception made to the usual rules or policies made necessary because of a disability for the resident to use and enjoy an apartment community. The resident has authorized you to provide the information requested on this form. Please answer the following questions:

Name of Resident (print): _____

Request for Reasonable
Accommodation: _____

Signature of Resident: _____

This signature authorizes the verifier to provide answers to the questions below to the best of his/her knowledge of this resident.

1. Is this resident disabled?

*The Fair Housing Act defines disability as a physical or mental impairment that **substantially** limits one or more major life activities. The Supreme Court has determined that to meet this definition a person must have an **impairment that prevents or severely restricts the person from doing activities that are of central importance in most peoples' daily lives.** The disability must be permanent (of continual or long duration) to be protected by the Fair Housing Act.*

YES _____ NO _____ I DON'T KNOW _____

2. Please describe in what manner this disability restricts the resident in activities that are of central importance to his or her daily life:

3. Does this resident need the accommodation requested above to be able to live in his/her apartment community?

YES _____ NO _____

4. If yes, please describe how this accommodation will enable the resident to use or enjoy this apartment community.

5. If necessary will you be willing to testify in a court of law concerning the information provided in this form?

YES _____ NO _____

The professional completing this form is required to directly mail or fax the form to the management office.
The form is not to be handed to the applicant or the resident.

Name and position of verifier (print):

Address:

Telephone: _____

Signature of Verifier

_____ Date _____

NEED FOR A LIVE-IN-AIDE VERIFICATION FORM

The resident listed below lives in an apartment at this property. This property receives Federal funds through the Department of Housing and Urban Development (Rural Development). To receive HUD funds, we must adhere to strict policies concerning the eligibility of our residents. We consider a request for a live-in-aide as a request for a reasonable accommodation and as an exception to our usual resident selection and qualification criteria.

The residents' signature below authorizes you to provide information concerning this resident's request for a full time live-in aide to occupy his/her apartment.

Printed name of person requesting live-in aide: _____

Signature: _____

Under the Fair Housing Act, a "disability" is a physical or mental impairment which substantially limits one or more of a person's major life activities, a record of having such impairment, or being regarded as having such impairment. The Supreme Court has determined that to meet this definition a person must have an impairment that prevents or severely restricts the person from doing activities that are of central importance in most peoples' daily lives.

1. Does this resident have a disability, as defined by the Fair Housing Act?

Yes _____ No _____ I don't know _____

1. If the resident/applicant is disabled, is it necessary for this resident to obtain the full time services of a live-in-aide to be able to successfully live in this facility, perform daily living activities, and meet the lease terms? Please be advised, *it is not adequate to state that the resident will merely "benefit" from type services of the live-in aide. The services must be necessary.*

Yes _____ No _____ I don't know _____

2. If yes, what services does this resident need (please list):

3. If yes, is it your belief that the proposed live-in aide: _____ (Name of proposed live-in-aide)

Will be able to provide the services needed by this resident? Yes _____ No _____

4. If necessary would you be willing to testify in court to the information you provided in this form?

Yes _____ No _____

Name and address of person completing this form: _____
(Printed name)

Address _____

Telephone _____

(Relationship to Resident)

Signature:

Date:

LIVE-IN AIDE AGREEMENT

Name of Resident: _____

Name of Household Member Requiring Assistance: _____

The resident hereby requests the landlord's approval for the Live-In Aide to reside in the apartment.

As a condition to obtaining the landlord's approval, the resident and the Live-In Aide hereby acknowledge and agree to the follows;

1. The Live-in Aide is not a resident of the landlord and is not considered a household member, the Live-In Aide shall not become a resident of the landlord regardless of time length of his/her stay in the apartment or is/her relationship to the resident.
2. The Live-In Aide shall live in the apartment solely to provide support services to the household member requiring assistance. If the household member requiring assistance no longer resides in the apartment, the Live-In Aide shall have no rights or privileges to remain on the premises.
3. If the household member requiring assistance dies, the Live-In Aide shall vacate the apartment within 10 days of said household member's death. If the household member requiring assistance moves out, the Live-In Aide shall vacate no later than said household member's departure date. Upon termination of the Live-In Aide's services or any other reason, the Live-In Aide shall vacate the apartment within 24 hours.
4. The Live-In Aide shall not violate any of the House Rules. The landlord may evict the Live-In Aide if he/she violates any of the House Rules.

Resident Signature:

Date

Live-In Aide Signature:

Date

Property Manager Signature:

Date