

# **NHA Reasonable Accommodation Policy & Procedures**

**Adopted: September 28, 2005  
Revised:**

**Norwood Housing  
Authority  
40 William Shyne Circle  
Norwood, Massachusetts 0206**

**NORWOOD HOUSING AUTHORITY  
REASONABLE ACCOMMODATION POLICY AND PROCEDURES  
FOR PROSPECTIVE AND EXISTING TENANTS WITH DISABILITIES**

**I. Policy**

Summary. It is unlawful, and against Norwood Housing Authority (“NHA”) policy, for any NHA employee to discriminate against a prospective or existing tenant with a disability. The NHA promotes and encourages the participation of disabled persons to the fullest extent possible in all of its programs, services, and activities. In accordance with the law and NHA policy, the NHA will provide “reasonable accommodations” to all prospective and existing tenants with disabilities who request them unless it is determined, under the procedures detailed below, that the accommodation would present an undue financial or administrative burden or make a fundamental alteration in the nature of its programs. In such cases where a request for accommodation may present an undue financial or administrative burden or make a fundamental alteration of a program, the NHA will attempt to propose alternative solutions and/or accommodations which do not create such a hardship or make such an alteration, and otherwise work in good faith with the requesting tenant to find acceptable alternatives.

Non-Retaliation. It is unlawful, and against NHA policy, for any NHA employee to retaliate against any person who has requested a reasonable accommodation or has complained of or opposed alleged discrimination by the NHA based on disability or any other protected status. Examples of retaliation include initiating eviction proceedings against a tenant, subjecting a tenant to a retaliatory investigation into or heightened scrutiny of the tenant’s compliance with NHA policies, and creating a hostile environment for a tenant.

Person with a disability. A person has a disability under state and federal law if the person (1) has a physical or mental impairment that substantially limits a major life activity, or (2) the person has a record of such an impairment, or (3) the person is perceived as having such an impairment. A disability can be apparent, as in the case of someone who needs use of a wheelchair for mobility or is deaf or blind, or not apparent, as in the case of someone with a cognitive disability or mental illness. Under Massachusetts law, a person has a physical or mental impairment that substantially limits a major life activity if the person would have this condition in the absence of any self-help measures that person undertakes, such as use of glasses or the taking of medication.

Reasonable accommodation. A reasonable accommodation is a change to the physical environment at the NHA, or the way the NHA handles that person’s current or prospective tenancy, that the person needs because of a disability in order to have an equal opportunity to enjoy the NHA’s housing or programs.

The need for a reasonable accommodation and the obligation to provide one arises most frequently in the following situations:

- X a prospective or existing tenant with a disability needs a change in the NHA's rules, policies or procedures to use and enjoy the NHA's premises and programs;
- X a prospective or existing tenant with a disability needs a change, modification or repair to his or her apartment or a special type of apartment in order for that person to be able to use and enjoy the apartment;
- X a prospective or existing tenant with a disability needs a change or repair to some other part of the housing site in order to use and enjoy his or her apartment or the NHA's facilities or programs; and
- X a prospective or existing tenant needs a change in the way the NHA communicates with that person for the person to use and enjoy his or her apartment or the NHA's facilities or programs.

Section 504 Coordinator. In order to implement this Policy, the NHA has designated a Section 504 Coordinator to work with existing and prospective tenants on reasonable accommodation requests. Information on the identity and contact information for the Section 504 Coordinator is included in the NHA's Notice of Right to Reasonable Accommodation ("Notice").

Requests for reasonable accommodation. There is no magic formula for the words a person needs to use to request a reasonable accommodation. A person does not need to say specifically that he or she "requests a reasonable accommodation" to be considered for one. It is enough that the person indicate a need for action by the NHA of a type described above because of a medical, physical, psychiatric, or emotional condition. In the event that a person indicates that need to any employee of the NHA, the employee must refer that person to the NHA's Section 504 Coordinator.

Medical inquiries. It is unlawful and against NHA policy for any NHA employee to enquire about the nature or extent of the requesting person's disability, including the diagnosis, the details of treatment and medications taken. It is unlawful and against NHA policy to request a person's medical records. Medical inquiries must be limited to verification that a person's condition meets the legal definition of "disability" and that an accommodation would afford the person an equal opportunity to enjoy the NHA's housing and services, as detailed below.

Interactive process. The NHA shall make every effort to comply with any reasonable request for an accommodation by a prospective or existing tenant with a disability. In the event that a request cannot be honored because the accommodation would pose an undue financial or administrative burden or would make a fundamental change in the nature of the program, the NHA will make every reasonable attempt to work with the applicant or resident to reach an alternative solution to provide the person with an equal housing opportunity.

## **II. Procedures**

The following are the NHA's reasonable accommodation procedures that will apply to the reasonable accommodation request process. All forms referenced below will be maintained confidentially, maintained separately from tenant files, and be made available only to NHA employees who are directly involved in decisions regarding the request for accommodation or for overseeing or supervising the decision-making process.

(1) Any applicant or tenant who wishes to request a reasonable accommodation should direct a request to NHA's Section 504 Coordinator. The Section 504 Coordinator shall follow the procedures outlined below. However, the Section 504 Coordinator shall timely consider a reasonable accommodation request made verbally, or in writing without use of the Request for a Reasonable Accommodation form ("Request Form"), along with any form of documentation from a qualified person verifying the requesting person's disability and need for the reasonable accommodation, in the event that the disability and need for the accommodation are not obvious.

(2) All applicants for housing shall be provided with English and Spanish copies of this Policy, and with the Notice of Right to Reasonable Accommodation attached as Exhibit 1 to this Policy ("Notice of Rights"), at the initial application stage. All existing tenants shall be provided with English and Spanish copies of the same documents a minimum of once annually.

(3) The Section 504 Coordinator shall provide to any prospective or existing tenant requesting a reasonable accommodation the following information in English, and in Spanish if the Section 504 Coordinator has reason to believe the person needing the information would benefit from Spanish language versions:

\*a completed Acknowledgment Letter in the form attached as Exhibit 2 to this Policy;

\*a copy of the Notice of Rights; and

\*a copy of the Request for a Reasonable Accommodation form ("Request Form") and the accompanying Verification Statement – Request for Reasonable Accommodation ("Verification Statement") in the form attached as Exhibit 3 to this Policy.

The Section 504 Coordinator shall ask that the person making the reasonable accommodation request complete and return the Request Form and the Requesting Party's Authorization section of the Verification Statement. The Section 504 Coordinator will provide assistance to anyone needing it in completing the Request Form or Requesting Party's Authorization section of the Verification Statement in writing, including reducing verbal information provided by the requesting party to writing, under any special arrangements needed.

(4) Upon the prospective or existing tenant's return of a completed Request Form and completed Requesting Party's Authorization section of the Verification Statement, or upon NHA's receipt of the information requested on the Request form and Requesting Party's Authorization section of the Verification Statement in the event the requesting party needs the Section 504 Coordinator's assistance in completing it, the Section 504 Coordinator shall provide to the prospective or existing tenant written acknowledgment of receipt of the completed Requesting Party's Authorization section of the Verification Statement.

(5) In the event that the person's disability and need for the accommodation requested are obvious, the Section 504 Coordinator will skip to step 9 below.

(6) In the event that the person's disability and need for the accommodation requested are not obvious, the Section 504 Coordinator may require verification of the person's disability and person's need for the requested accommodation to make more effective use of the NHA's housing, programs, services, or activities, either pursuant to step (6) or pursuant to step (7) below.

(7) A person requesting a disability may provide verification of a disability and the need for a reasonable accommodation by supplying to the Section 504 Coordinator written confirmation from a qualified professional of the person's disability and need for the requested accommodation. If the person does so, the Section 504 Coordinator will skip to step 8 below.

(8) Within two (2) business days of receipt of a completed Request, the Section 504 Coordinator shall mail the Verification Statement to the person designated by the requesting party to provide verification, along with a written request that the Verification Statement be completed and returned within seven (7) days, in the event that the requesting party has not otherwise supplied written confirmation from a qualified professional of the person's disability and need for the requested accommodation. In the event that a completed Verification Statement is not received within ten (10) days of mailing, the Section 504 Coordinator shall follow-up with the person to whom the Verification Statement was sent at weekly intervals thereafter, either by telephone or by mail, to ask that the Verification Statement be completed and returned.

(9) Upon receipt of verification of a disability and need for the requested accommodation pursuant to steps (6) or (7), the Section 504 Coordinator shall verify that the information requested in the Request Form and Verification Statement needed to decide the request has been provided in some manner. If the Section 504 Coordinator determines that the information provided is incomplete, the Section 504 Coordinator will make diligent efforts to promptly obtain complete information, including contacting the requesting party or verifying party with a request for complete information, and will document such efforts.

(10) Once the Section 504 Coordinator has complete information, the Section 504 Coordinator will make a determination as to whether or not the person is

handicapped within the definition of the law, the accommodation requested would allow the person to make more effective use of his or her housing, and the accommodation requested would place an undue financial or administrative burden on the NHA or would make a fundamental change in the nature of the program. Unless the Section 504 Coordinator can identify a specific reason for doing otherwise, he or she should accept the person's judgment that the accommodation is needed because of a disability. Deference will be given to the requesting person's choice of accommodation, since the person is best situated to know the effect of his or her disability and what is most effective for that person to have equal enjoyment of that person's housing or the NHA's programs, activities, and services. The Section 504 Coordinator shall grant the requested accommodation where the Section 504 Coordinator is satisfied that the person is disabled and that the accommodation requested would allow the person to make more effective use of the NHA's housing, programs, services, or activities, unless the Section 504 Coordinator has specific, well-founded reason to believe that the requested accommodation would pose an undue burden to the NHA or fundamentally alter the nature of its programs or services. If the Section 504 Coordinator determines that the NHA's resources are insufficient to provide the requested reasonable accommodation, the Section 504 Coordinator shall undertake a search to locate other resources and/or identify similar situations in which the NHA afforded the reasonable accommodation prior to concluding that any request for same constitutes an "undue hardship." Some factors to be considered in determining "undue hardship" include:

- Level of difficulty involved with providing the requested accommodation;
- Cost of the requested accommodation after available tax deductions and alternative funding sources (see below);
- Thorough consideration of availability/unavailability of the NHA's resources and outside or other source funding;
- Impact of the requested accommodation on the overall operations of the property;
- Aggregate costs of providing reasonable accommodations, or commitments to provide reasonable accommodations requested previously, within the fiscal year;
- Impact on the property employees; and
- Whether due diligence research on an alternative reasonable accommodation has failed to unearth a substantially equivalent result as the requested accommodation.

(11) Within fourteen (14) days of receipt of a completed Request and Verification Statement or other form of reasonable accommodation request and sufficient verification of the disability and need for an accommodation (in the event that the

disability and need for the accommodation are not obvious), the Section 504 Coordinator shall, in a written decision letter to the prospective or existing tenant requesting the accommodation (the "Decision Letter"), inform the person of its decision with respect to the person's reasonable accommodation request. If the prospective or existing tenant indicated on the Request a need for an emergency response in an earlier time frame in answer to Question 6 of the Request, the Section 504 Coordinator will use his or her best efforts to comply with any such request for an earlier response. If the Section 504 Coordinator denies the Request, the Section 504 Coordinator's Decision Letter shall inform the person of the reasons for the denial. If the reason for denial given is that the accommodation requested is not reasonable or would pose a fundamental alteration of the NHA's programs or services, the Decision Letter shall state the basis for so concluding, shall state that the NHA will make every reasonable attempt to work with the person to reach an alternative solution, and shall request that the person contact the Section 504 Coordinator to discuss alternatives and provide the Section 504 Coordinator's contact information. If the reason for denial given is insufficient information, the Decision Letter shall also inform the person that the NHA will reconsider its denial upon receipt of the information needed and request that the person contact the Section 504 Coordinator to discuss the need for further information. Under no circumstances shall the Section 504 Coordinator deny a request for reasonable accommodation based on lack of sufficient information without first informing the person of the NHA's need for specific additional information and affording the person a reasonable opportunity to provide it. In the event the Section 504 Coordinator denies a request for accommodation, the Section 504 Coordinator shall state in the Decision Letter that the person has the right to appeal the denial within thirty days (30).

(12) In the event that the Section 504 denies a request for a reasonable accommodation on the ground that it would pose an undue burden to the NHA or fundamentally alter the nature of its programs or services, the Section 504 Coordinator shall make every reasonable attempt to work with the person requesting the accommodation to find an alternative effective accommodation that would not have this effect on the NHA or its programs and services.

(13) The NHA shall not commence any pre-termination lease proceedings or any eviction action relating to a tenant's violation of the lease or NHA policies as to which the tenant has requested a modification as a reasonable accommodation unless and until a final determination upholding the NHA's denial of the requested modification has been made, including the exhaustion of any appeals from a denial of the requested accommodation under this Reasonable Accommodation Policy.

(14) All documentation relating to prospective and existing tenants' requests for accommodation and the NHA's response to such requests, including, but not limited to, completed Requests for Accommodation, completed Verification Statements – Reasonable Accommodation Requests, Decision Letters, and other documents referenced in this Policy, shall be retained.

**It is against NHA policy and federal and state law for any NHA representative to in any way retaliate against a person who has requested a reasonable accommodation or who has complained of or opposed alleged discrimination by the NHA based on disability or any other protected status, including by seeking to evict a tenant who has done so, by subjecting such tenant to heightened scrutiny of the tenant's conformance with the NHA's rules or policies or to a hostile environment, or by any other adverse action.**

**NOTICE OF RIGHT TO REASONABLE ACCOMMODATION**  
**(Exhibit 1 to the Norwood Housing Authority's Anti-Discrimination Policy**  
**and Reasonable Accommodation Procedures for**  
**Prospective and Existing Tenants with Disabilities)**

**Noticia:** Se puede pedir una copia de este forma en Español del Cordinador para Section 504 a

**Stephen Merritt, Section 504  
Coordinator 781-762-8115, ext 204**

**If you have a disability and as a result of your disability you need...**

- Σ a change in the NHA's rules or policies that would make it easier for you to live here and use the facilities or take part in programs on site,
- Σ a change, modification or repair in your apartment or a special type of apartment that would make it easier for you to live here and use the facilities or take part in programs on site,
- Σ a change or repair to some other part of the housing site that would make it easier for you to live here and use the facilities or take part in programs on site, or
- Σ a change in the way we communicate with you or give you information that would make it easier for you to live here and use the facilities or take part in programs on site,

**you can ask for this kind of change, which is called a REASONABLE ACCOMMODATION.**

If you can show that you have a disability and if your request is reasonable, if it is not too expensive, and if it is not too difficult to arrange, you have the right to receive the change you request, and we will make it for you.

You can request a reasonable accommodation by contacting the NHA's Section 504 Coordinator at 40 William Shyne Circle, Norwood, MA 02062 at 781-762-8115. The Section 504 Coordinator will ask you to complete the Reasonable Accommodation Request Form, and, if your disability is not obvious, the Requesting Party's Authorization part of the Verification Statement – Reasonable Accommodation Request. If you need help filling out these forms, we will help you.

We will give you a written response within fourteen (14) days of when we are in receipt of both your completed Reasonable Accommodation Request Form and Verification Statement. If, in answer to Question 6 of the Reasonable Accommodation Request Form, you indicate the need for an earlier response, we will try our best to accommodate your request. We will let you know if we need more information or verification from you

or if we would like to talk to you about other ways to meet your needs.

If we turn down your request, we will notify you of the denial in writing and explain in that notice the reasons for the denial. You can give us more information if you think that will help.

If you would like more information on the NHA's policy and procedures on reasonable accommodations, you may request a copy of the Norwood Housing Authority's Anti-Discrimination Policy and Reasonable Accommodation Procedures from the NHA's Section 504 Coordinator.

It is against NHA policy and federal and state law for any NHA employee or agent to retaliate in any way against any person who has requested an accommodation or who has complained of or opposed alleged discrimination by the NHA based on disability or any other protected status.

NOTE: All information you provide will be kept confidential and be used only to make it easier for you to live here and use the facilities or take part in programs on site.

**ACKNOWLEDGMENT LETTER**  
**(Exhibit 2)**

**Noticia:** Se puede pedir una copia de este forma en Español del Cordinador para Section 504 a

**Stephen Merritt, Section 504  
Coordinator 781-762-8115, ext 204**

Dear

This is in response to your request for a reasonable accommodation. Before we can review your request, the following procedures must be followed:

1. Please complete the enclosed "Request for Reasonable Accommodation" form in its entirety. Please be sure to sign and date the form. Please complete, sign, and date the Requesting Party's Authorization in the section in bold at the top of the Verification Statement – Reasonable Accommodation Request. If you need help in completing this form, please let us know so that we can assist you.
2. Please return to the Norwood Housing Authority's Section 504 Coordinator the completed Request for Reasonable Accommodation form and the accompanying Verification Statement – Reasonable Accommodation Request form, with the Requesting Party's Authorization section completed.

Upon receipt of the information listed above, your request for a reasonable accommodation will be processed as follows:

1. We will submit the Verification Statement – Reasonable Accommodation Request to the person you have designated for us to contact to verify your need for the accommodation, if your disability and need for the requested accommodation are not obvious and if you have not already supplied us with adequate documentation of your disability and need for the requested accommodation.
2. Once we are in receipt of both the completed Request for Reasonable Accommodation and, if your disability and need for the requested accommodation are not obvious, the completed Verification Statement – Reasonable Accommodation Request form or other documentation of your disability and need for the requested accommodation, your request for a reasonable accommodation will be reviewed.
3. You will receive written notification of the decision within fourteen (14) days following the date of our receipt of the completed forms. If, in answer to Question 6 on the Request for Reasonable Accommodation, you have indicated special timing needs that you feel warrant or require an earlier response from us, we will try our best to respond to your needs.

If you have any questions regarding this procedure, please do not hesitate to contact the Norwood Housing Authority's Section 504 Coordinator at 40 William Shyne Circle, Norwood, MA 02062 at 781-762-8115.

**Please know that it is against NHA policy and federal and state law for any NHA employee or agent to retaliate in any way against any person who has requested a reasonable accommodation or complained of or opposed alleged discrimination by the NHA based on disability or any other protected status, including by seeking to evict a tenant who has done so, by subjecting such tenant to heightened scrutiny of the tenant's conformance with the NHA's rules or policies or to a hostile environment, or by any other adverse action.**

**REASONABLE ACCOMMODATION REQUEST FORM**

**Noticia:** Se puede pedir una copia de este forma en Español del Cordinador para Section 504 a

**Stephen Merritt, Section 504  
Coordinator 781-762-8115, ext 204**

Name of person completing this form: \_\_\_\_\_

Phone: \_\_\_\_\_

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

1. I or the following member of my household has a disability, defined as a physical or mental impairment that substantially limits one or more major life activities; a record of having such an impairment; or being regarded as having such an impairment.

Name of disabled person: \_\_\_\_\_

Phone: \_\_\_\_\_

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

2. As a result of a disability the following modification(s) are requested so that (the person listed above) can have an equal opportunity to occupy, use and enjoy the premises. **Check the kind of modification (change) you need.**

A change in the apartment or other part of the rental premises.

A change in the following rule, policy, or procedure.

A service or companion animal.

List the specific accommodation you are requesting:

3. A reasonable accommodation is needed because:

4. The Lessor may verify that I (or my household member) have a disability and the need for an accommodation by contacting:

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

Phone: \_\_\_\_\_

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

**(Note:** If your disability and need for the requested accommodation are not obvious to us, your request will not be processed until we receive complete information in response to the above questions in addition to a completed Verification Statement – Reasonable Accommodation Request from the person you designate in answer to this Question 4.)

5. If you asked for a change to your apartment or to any common area, please use the space below to list any company or organization that you know of that might help us locate or build anything special that you need. (If you don't know of any, we will try to get this information ourselves.)

6. Please describe any special circumstances which you feel warrant or require a response by the Norwood Housing Authority earlier than the fourteen (14) days for a response provided by Norwood Housing Authority policy, and the date by which you feel you need a response (the Norwood Housing Authority will try to comply with your request if it can):
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**I understand that the Norwood Housing Authority has the right to verify the fact that I, or a family member have a disability which requires the accommodation requested. This verification is solely for the purposes of determining the most appropriate reasonable, or alternatively effective, accommodation. I give you permission to contact the above individual for purposes of verifying that I, or a family member has a disability and needs the reasonable accommodation requested above. I understand that the information you obtain will be kept completely confidential and used solely to determine if you will provide an accommodation.**

Signed: \_\_\_\_\_

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

**NOTE: It is against NHA policy and federal and state law for any NHA employee or agent to retaliate in any way against any person who has requested a reasonable accommodation or complained of or opposed alleged discrimination by the NHA based on disability or any other protected status, including by seeking to evict a tenant who has done so, by subjecting such tenant to heightened scrutiny of the tenant's conformance with the NHA's rules or policies or to a hostile environment, or by any other adverse action.**