



**FRANKLIN COUNTY REGIONAL HOUSING &  
REDEVELOPMENT AUTHORITY**

241 Millers Falls Road • Turners Falls, MA 01376  
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**REASONABLE ACCOMMODATION/MODIFICATION POLICY AND PROCEDURES**

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## **INTRODUCTION**

This Reasonable Accommodation/Modification Policy and Procedures, comprised of Part A and Part B, sets forth the policy and procedures of the Franklin County Regional Housing & Redevelopment Authority (the "LHA") regarding making reasonable accommodations and reasonable modifications for qualified applicants, residents, and other program participants<sup>1</sup> with disabilities for participation in the LHA programs and activities.<sup>2</sup> A copy of this Reasonable Accommodation/Modification Policy and Procedures is posted in LHA common areas and on the LHA website, located at [www.fcrhra.org](http://www.fcrhra.org). Additionally, a copy of this Reasonable Accommodation/Modification Policy and Procedures may be obtained upon request by contacting 413-863-9781 or [fcrhra.info@gmail.com](mailto:fcrhra.info@gmail.com).

## **PART A: POLICY**

### **SECTION 1. DEFINITIONS**

- 1.1. The term "ADA" shall mean the Americans with Disabilities Act, as amended.
- 1.2. The term "FHA" shall mean the Fair Housing Act of 1968, as amended.
- 1.3. The term "*individual with a disability*", shall mean:
  - (i) A physical or mental impairment that substantially limits one or more of the major life activities of such individual;
  - (ii) A record of such an impairment; or
  - (iii) Being regarded as having such an impairment

This definition shall be interpreted as further detailed in 28 CFR § 35.108 (Title II ADA regulations).

- 1.4. The term "Policy" shall mean Part A of this Reasonable Accommodation/ Modification Policy and Procedures, as adopted by the LHA Board, and as may be amended from time to time.
- 1.5. The term "Procedures" shall mean Part B of this Reasonable Accommodation/ Modification Policy and Procedures, and as may be amended from time to time, in a manner consistent with the Policy, by the LHA's Board.
- 1.6. The term "reasonable accommodation" as used herein means a change in the LHA's rules, policies, practices, or services, that may be necessary to provide persons with disabilities an equal opportunity to participate in LHA programs, activities, and services, and/or to enjoy LHA dwellings or facilities.
- 1.7 The term "reasonable modification" as used herein means a physical change, such as to a dwelling unit, building, common or public area, etc., necessary to afford persons with disabilities an equal opportunity to use and enjoy the premises and/or to access programs, activities, and services.

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<sup>1</sup> Reasonable accommodation/modification policies with respect to LHA employees can be requested through the LHA's Human Resources department.

<sup>2</sup> Relevant program-specific requirements or procedures not addressed in Part A or Part B of this policy are incorporated in Attachment 8.

## SECTION 2. POLICY STATEMENT

The LHA is committed to ensuring that its policies and practices do not deny individuals with disabilities the equal opportunity to access, participate in, or benefit from, the LHA's housing services, programs, and facilities, nor otherwise discriminate against individuals with disabilities in connection with the operation of the LHA's housing services or programs. Therefore, if an individual with a disability requires a reasonable accommodation, i.e., a change to its rules, policies, practices, or services, or a reasonable modification, i.e., a physical alteration to a housing unit or public or common use area, the LHA will provide such a reasonable accommodation/modification, unless doing so would result in a fundamental alteration to the nature of the program or an undue financial and administrative burden. In such a case, the LHA will engage in an interactive process with the individual or person acting on the individual's behalf to make another accommodation/modification that would not result in a fundamental alteration or financial and administrative burden.

## SECTION 3. PURPOSE

3.1 This Policy is intended to:

- (a) communicate the LHA's position regarding reasonable accommodations/modifications for persons with disabilities in connection with the LHA's housing programs, housing services, and policies;
- (b) establish a procedural guide for implementing such Policy; and
- (c) comply with applicable federal, state and local laws to ensure accessibility for persons with disabilities to housing programs, benefits and services administered by the LHA.

## SECTION 4. AUTHORITY

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

- (a) Section 504 of the Rehabilitation Act of 1973, as amended ("Section 504"), and implementing regulations at 24 CFR part 8, which prohibit discrimination on the basis of disability status by recipients of federal financial assistance;
- (b) The Fair Housing Act ("FHA"), as amended, which prohibits discrimination in the sale, rental and financing of dwellings on the basis of disability and other protected classes. Reasonable accommodation requirements are further clarified under The Joint Statement of the Department of Housing and Urban Development and the Department of Justice on Reasonable Accommodations under the Fair Housing Act<sup>3</sup>;
- (c) Title II of the Americans With Disabilities Act ("ADA"), as amended, and implementing regulations at 28 CFR part 35, prohibit discrimination on the basis of disability status by

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<sup>3</sup> [https://www.justice.gov/sites/default/files/crt/legacy/2010/12/14/joint\\_statement\\_ra.pdf](https://www.justice.gov/sites/default/files/crt/legacy/2010/12/14/joint_statement_ra.pdf)

public entities. Except as provided in §35.102(b), of 28 CFR Part 35, the ADA applies to all services, programs and activities provided or made available by public entities (State and local governments and agencies and instrumentalities thereof);

- (d) Massachusetts General Laws chapter 151B, which prohibits discrimination against persons with disabilities and other protected classes in the renting, leasing, or sale of housing accommodations.

## SECTION 5. MONITORING AND ENFORCEMENT

- 5.1 The LHA Reasonable Accommodation Coordinator is responsible for monitoring the LHA's compliance with this Policy and enforcing the requirements under this Policy. Questions regarding this Policy, its interpretation or implementation should be made by contacting the Reasonable Accommodation Coordinator in writing, or in person by appointment, at fcrhra.info@gmail.com or by calling 413-863-9781

## SECTION 6. GENERAL PRINCIPLES FOR PROVIDING REASONABLE ACCOMMODATIONS/MODIFICATIONS

- 6.1 Listed below are the general principles which provide a foundation for the Policy and which LHA staff should apply when responding to requests for reasonable accommodations/modifications within all LHA housing programs:
  - (a) It is presumed that the individual with a disability is usually knowledgeable of the appropriate types of, and methods for providing, reasonable accommodations/modifications needed when making a request. However, the LHA may offer equally effective alternatives to the requested accommodation, and/or alternative methods for providing the requested accommodation/modification.
  - (b) The procedure for evaluation and responding to requests for a reasonable accommodation/modification relies on a cooperative relationship between the LHA and the applicant/resident/program participant, or person acting on the applicant/resident/participant's behalf. The process is not adversarial. Instead, it is an **interactive process**, including for the purposes of addressing any needed clarifications as to what is being requested or information that was submitted, any further information that may be needed, and/or in some cases, to discuss alternative accommodations/modifications that may meet the individual's needs.
  - (c) The LHA shall inform all applicants and residents of alternative forms of communication. The Request for Reasonable Accommodations/Modifications form ("Request Form") (a copy of which is attached to this Policy and Procedures as Attachment 2) is designed to assist the LHA and our applicants/residents/program participant. If an applicant/resident/participant does not, or cannot use the Request Form, the LHA will still respond to the request for an accommodation/modification. The applicant/resident/participant may also request assistance with the Request Form or may request that the Request Form be provided in an equally effective format or means of communication through auxiliary aids and services. Some examples of auxiliary aids and services include the following: qualified interpreters, printed material, telecommunications products and systems including text telephones

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(TTYs), assistive listening devices, or other effective methods of making aurally delivered materials available to persons who are deaf or hard of hearing; qualified readers, taped texts, audio recordings, materials written in Braille, large print materials, or other effective methods of making visually delivered materials available to individuals who are blind or have low vision.

- (d) If the accommodation/modification is reasonable (see Procedure 3 below), the LHA will grant it.
- (e) In accordance with Procedure 3 below, the LHA will grant the request for a reasonable accommodation/modification only to the extent that an undue financial and administrative burden or fundamental alteration to the nature of the program is not created thereby. A “fundamental alteration” is a modification that alters the essential nature of a provider's operations (e.g., a request for a service such as a transportation service that the LHA does not provide under its program). The LHA will make a determination of undue financial and administrative burden on a case-by-case basis, involving various factors, such as the cost of the reasonable accommodation/modification, the financial resources of the LHA, the benefits the accommodation/modification would provide to the requester, and the availability of alternative accommodations/modifications that would adequately meet the requester’s disability-related needs.

The LHA will also grant reasonable modifications in accordance applicable laws, including G.L. c. 151B § 4(7A) with respect to reasonable modifications that are at the expense of owners in publicly assisted housing. The LHA will also set-aside and consult resources for its state-aided public housing in accordance with PHN 2011-13.

- (f) All written documents required by or as a result of this Policy must contain plain language and be in appropriate alternative formats in order to communicate information and decisions to the person requesting the accommodation/modification.
- (g) Any in-person meetings with a person with mobility impairments will be held in an accessible location. Reasonable accommodations will also be made to meet the person’s disability-related needs, including through telephonic or remote meetings, as well as through requested auxiliary aids or services, to ensure the person has an equally effective opportunity to attend and participate

## SECTION 7. AMENDMENTS

- 7.1. The Policy may be amended only by resolution of the Board of the LHA.
- 7.2. The Procedures may be amended within the scope of the Policy by the Board of the LHA.
- 7.3. Legal Compliance. Any amendment to the Policy or Procedures shall be consistent with all applicable laws and regulations.

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## SECTION 8. STAFF TRAINING

The Reasonable Accommodation Coordinator will ensure that LHA staff are familiar with this Policy and Procedures and all applicable federal, state and local requirements regarding reasonable accommodations/modifications. The Reasonable Accommodation Coordinator will avail themselves of training opportunities related to anti-discrimination efforts and reasonable accommodations/modifications.

## PART B: PROCEDURES

### PROCEDURE 1 - COMMUNICATION WITH APPLICANTS, RESIDENTS, AND PROGRAM PARTICIPANTS

1. At the time of application, all applicants will be provided with the opportunity to request a reasonable accommodation/modification on the Common Housing Application for Massachusetts Public-Housing (CHAMP) or by paper application, or, upon the applicant's request, in another equally effective format. The Notice to All Applicants, Residents, and Program Participants: Reasonable Accommodations and Modifications are available for Individuals with Mental and/or Physical Disabilities ("Notice") is attached to this Policy and Procedures as Attachment 1.
2. LHA Residents seeking accommodations/modifications may contact the management office located within their housing development or the management office for their scattered site residence or call the LHA office at 413-863-9781.
3. The LHA is responsible for informing all residents that a request may be submitted for reasonable accommodations/modifications for an individual with a disability. All residents will be provided the Notice and the Request Form when requesting a reasonable accommodation/modification. *However, the Request Form cannot be required. A resident may otherwise submit the request in writing, orally, and at any time.* Upon receiving the request, housing management and/or the Reasonable Accommodation Coordinator will respond to the request within ten (10) business days. If additional information or documentation is required, a written request should be issued to the resident by using the Request for Information or Verification Form ("Request for Information") (a copy of which is attached to this Policy and Procedures as Attachment 3). The Verification of Disability by Physician or Other Professional for Reasonable Accommodation/Modification Request form ("Verification for Reasonable Accommodation/Modification Request Form") is attached to this Policies and Procedures as Attachment 4).
4. The LHA will approve or deny the request as soon as possible, but not later than thirty (30) days after receiving all needed information and documentation from the resident. All decisions to grant or deny reasonable accommodations/modifications will be communicated in writing or if required, in an alternative format to communicate the decision to the applicant/resident/program participant. Exceptions to the thirty (30) day period for notification of the LHA's decision on the request should be provided to the requester in writing setting forth the reasons for the delay. A copy of each of the Letter Denying Request for Reasonable Accommodation/Modification and the Letter Approving Request for Reasonable

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Accommodation/Modification is attached to this Policy and Procedure as Attachment 5 and Attachment 6, respectively.

5. The LHA will maintain written materials which summarize this Policy and highlight the Procedures for making a request for reasonable accommodation/modification.

#### PROCEDURE 2 - SEQUENCE FOR MAKING DECISIONS

**STEP 1.** Is the applicant/resident/program participant a qualified 'individual with a disability'?

- (a) If NO, the LHA is not obligated to make a reasonable accommodation/modification; therefore, the LHA may deny the request.
- (b) IF YES, proceed to Step 2.
- (c) If more information is needed, the LHA will seek additional information as appropriate through the standard Request for Information letter, the standard Request for Meeting letter, and/or other equally effective method of communication (a copy of the Request for Meeting letter is attached to this Policy and Procedures as Attachment 7).

**STEP 2.** Is the requested accommodation/modification related to the disability?

- (a) If NO, the LHA is not obligated to make the accommodation/modification; therefore, the LHA may deny the request.
- (b) If YES, proceed to Step 3.
- (c) If more information is needed, the LHA will seek additional information as appropriate through the standard Request for Information letter, the standard Request for Meeting letter, and/or other equally effective method of communication.

**STEP 3.** Is the requested accommodation reasonable? This determination will be made by following PROCEDURE 3 - GUIDELINES FOR DETERMINING REASONABLENESS, below.

- (a) If YES, the LHA will approve the request for reasonable accommodation/ modification. A written description of the accommodation/modification will be prepared and included in the Letter Approving Request for Reasonable Accommodation/Modification.
- (b) If NO, the LHA may deny the request. Submit the denial using the Letter Denying Request for Reasonable Accommodation/Modification.
- (c) If more information is needed, the LHA will seek additional information as appropriate through the standard Request for Information letter, the standard Request for Meeting letter, and/or other equally effective method of communication.

#### PROCEDURE 3 - GUIDELINES FOR DETERMINING REASONABLENESS

1. In accordance with Section 6.1 of the Policy, the LHA will consider the requested method for providing reasonable accommodations/modifications for an individual with a disability. However, unless the disability-related need for an accommodation/modification is obvious or otherwise known to the LHA, the LHA may require the individual with a disability to provide further information to demonstrate the need for the requested accommodation to enable an equal opportunity to access, use, or enjoy the housing program or LHA services and activities. Additionally, the LHA may offer equally effective alternatives to the requested accommodation/modification, and/or alternative methods for providing the requested accommodation through the interactive process.

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2. Requests for reasonable accommodation/modification will be considered on a case-by-case basis. Decisions regarding reasonable accommodations/modifications will be made in compliance with all applicable laws, regulations, and requirements. Additionally, in those circumstances where the LHA deems that a proposed reasonable accommodation/ modification would fundamentally alter the service, program, or activity, or would result in undue financial and administrative burdens, the LHA has the burden of proving such result(s).
3. The responsibility for the decision that a proposed reasonable accommodation/modification would result in such alteration or burdens shall rest with the Executive Director or his/her designee after considering all resources available for use in the funding and operation of the service, program, or activity, and must be accompanied by written statement of the reasons for reaching that conclusion. If an action would result in such an alteration or such burdens, the LHA shall propose any other action that will not result in or require a fundamental alteration or financial and administrative burden as part of the interactive process.
4. Direct Threat. Generally, an accommodation is not required if it would pose a “direct threat” to the health and safety of other individuals or would result in substantial physical damage to the property of others. The LHA’s assessment of “direct threat” will be individualized and based on reliable objective evidence (*e.g.*, current conduct, or a recent history of overt acts). The LHA’s assessment will consider: (1) the nature, duration, and severity of the risk of injury; (2) the probability that injury will actually occur; and (3) whether there are any reasonable accommodations that will eliminate the direct threat. In evaluating a recent history of overt acts, the LHA will take into account circumstances, such as intervening treatment or medication, that have eliminated the direct threat (*i.e.*, a significant risk of substantial harm).
5. Verification. The LHA may generally verify a person has a disability only to the extent necessary to determine that the person: is qualified for the housing for which they are applying; is entitled to any disability-related preference or benefit they may claim; or has a disability-related need for a requested accommodation/modification in order to have an equal opportunity to enjoy the housing and/or participate in or benefit from the LHA’s activities, programs, or services.

In response to reasonable accommodation/modification requests, the LHA may not require verification of disability if the disability is obvious or otherwise known. The LHA also may not ask what the disability is or require specific details as to the disability. The LHA may require documentation of the disability-related need (*i.e.*, information showing that there is a relationship or nexus between the requested accommodation/modification and the individual’s disability or effects of the disability), unless such need is obvious or otherwise known. The LHA may not otherwise inquire into the nature or severity of the disability, require access to confidential records, or require specific types of evidence of disability or disability-related need.

6. Confidentiality. Information provided to the LHA in relation to a reasonable accommodation/modification request will be kept confidential and will not be shared with other persons unless they need the information to make or assess a decision to grant or deny a reasonable accommodation/modification request or unless disclosure is required by law.
7. Additional Procedures: Applicant Appeals and Tenant Grievances

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When an LHA determines that an applicant may be disqualified for housing because of a lease violation at a prior tenancy or other disqualifying conduct, if the applicant shows that the lease violation or disqualifying conduct was due to a disability, then these facts shall be considered by the LHA as mitigating circumstances pursuant to 760 CMR 5.08(2). Disability-related circumstances relating to a lease violation may also be presented by or on behalf of a resident with a disability as part of the grievance process pursuant to 760 CMR 6.03 & 6.08. For example, a tenant may demonstrate that a lease violation arose from a disability and that some circumstance has changed, and/or some reasonable accommodation could be provided, making the conduct unlikely to recur. Such circumstances may also be presented separately through a reasonable accommodation request (e.g., a request to forego eviction) independent of the grievance process. Tenants may also grieve LHA responses or inaction with respect to a reasonable accommodation/modification request through the grievance process pursuant to 760 CMR 6.03 & 6.08.

The LHA maintains a board-approved Grievance Policy & Procedure for any tenant or program participant living in a state-assisted public housing property owned by the LHA, or holder of a state rental voucher administered by the LHA. A grievant shall also include any person about whom the LHA holds data (data subject) who pursues an appeal pursuant to applicable CMR regulations. LHA management will provide each tenant with a copy of the Grievance Policy and Procedure at the time of lease signing, provide a copy of this policy and procedure for the common room, and will upon request, provide guidelines for filing a grievance. The Grievance Policy & Procedure are available upon request by contacting 413-863-9781 or [fcrhra.info@gmail.com](mailto:fcrhra.info@gmail.com).

The LHA also maintains Grievance procedures within the respective Administrative Plans for the Housing Choice Voucher (HCV) program and the Massachusetts Rental Voucher Program (MRVP). Administrative Plans for HCV and/or MRVP are available upon request by contacting 413-863-9781 or [fcrhra.info@gmail.com](mailto:fcrhra.info@gmail.com).

#### **ATTACHMENTS:**

- Attachment 1 – Notice to All Applicants, Residents, and Program Participants: Reasonable Accommodations and Modifications are Available for Individuals with Mental and/or Physical Disabilities
- Attachment 2 – Request for Reasonable Accommodations/Reasonable Modifications
- Attachment 3 – Request for Information or Verification
- Attachment 4 – Verification of Disability by Physician or Other Professional for Reasonable Accommodation/Modification Request
- Attachment 5 – Letter Denying Request for Reasonable Accommodation/Modification
- Attachment 6 – Letter Approving Request for Reasonable Accommodation/Modification
- Attachment 7 – Request for Meeting
- Attachment 8 – Additional Program-Specific Requirements

**Board Approved 09/19/2022, Vote #17-4330**

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## **Attachment 1 – Notice of Availability of Reasonable Accommodations/Modifications**

### **Notice to All Applicants, Residents, and Program Participants: Reasonable Accommodations and Modifications are Available for Individuals with Mental and/or Physical Disabilities**

Local Housing Authority (LHA) does not discriminate against applicants, residents, or program participants 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/resident/program participant 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/resident/participant 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.

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**Attachment 2 – Request for Reasonable Accommodations/Modifications Form**

Request for Reasonable Accommodations/Modifications

**To:** Reasonable Accommodation Coordinator  
Franklin County Regional Housing & Redevelopment Authority  
241 Millers Falls Rd, Turners Falls, MA 01376

**From:** \_\_\_\_\_  
Applicant/Resident/Program Participant Name (please print)

\_\_\_\_\_  
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/Resident/Participant (or authorized representative)

\_\_\_\_\_  
Date

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### Attachment 3 – Request for Information or Verification

[TO BE PRINTED ON LHA LETTERHEAD]

Franklin County Regional Housing & Redevelopment Authority  
241 Millers Falls Rd  
Turners Falls, MA 01376

Date:

To:

Dear Applicant/Resident/Program Participant:

We have received your request for a reasonable accommodation [modification].

We need to know more about [the disability-related need for your request] [explain issue, simply and clearly stated] before we can decide whether to approve your request.

We need to know more because [provide reason, simple and clearly stated].

You can give us more information by [providing the attached Verification of Disability by Physician or Other Professional for Reasonable Accommodation/Modification Request form or by other information demonstrating the disability-related need for your request].

If this is a problem for you, please reach out to our office and so that alternative methods of providing the information may be made available to you.

We will not make a decision on your request for reasonable accommodation/modification 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 413-863-9781 [ext. xxx], or email us at [case worker email address].

[Signature and closing]

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**Attachment 4 – Verification for Reasonable Accommodation/Modification Request Form**

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

Name of Physician or other professional: \_\_\_\_\_

Profession: \_\_\_\_\_

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

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

Applicant/Resident/Participant Name: \_\_\_\_\_

Applicant/Resident/Participant Address: \_\_\_\_\_

By signing below, I hereby authorize release of the following information.

\_\_\_\_\_  
(Applicant/Resident/Program Participant signature)

A local housing authority (LHA) may request verification that an applicant/resident/program participant 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/program participant 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 signature)

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

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

1. Based upon your knowledge, does the above-named applicant/resident/program participant 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/program participant? 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/program participant 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.

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\*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)):

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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

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

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

Telephone: \_\_\_\_\_

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**Attachment 5 – Letter Denying Request for Reasonable Accommodation/Modification**

[TO BE PRINTED ON LHA LETTERHEAD]

Franklin County Regional Housing & Redevelopment Authority  
241 Millers Falls Rd  
Turners Falls, MA 01376

Date:

To:

Dear Applicant/Resident/Program Participant:

We have denied your request for a reasonable accommodation[modification] for the following reasons:  
[list legal reason (e.g., undue administrative and financial burden to the LHA) simply and clearly stated].

If you have any questions or disagree with this decision and believe you can provide the LHA with additional information as to why the requested accommodation should be approved, please contact us at 413-863-9781 [ext. xxx], or email us at [case worker email address].

[Signature and closing]

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**Attachment 6 – Letter Approving Request for Reasonable Accommodation/Modification**

[TO BE PRINTED ON LHA LETTERHEAD]

Franklin County Regional Housing & Redevelopment Authority  
241 Millers Falls Rd  
Turners Falls, MA 01376

Date:

To:

Dear Applicant/Resident/Program Participant:

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

We can provide you with this accommodation [modification] by [date].

[If there is a delay in providing the accommodation, explain the reason for delay simply and clearly].

If you think this change or reasonable accommodation [modification] is not what you requested, if it is not acceptable, if you object to the amount of time it will take to provide it, or otherwise have questions, please contact us at 413-863-9781 [ext. xxx], or email us at [case worker email address].

[Signature and closing]

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## Attachment 7 – Request for Meeting

[TO BE PRINTED ON LHA LETTERHEAD]

Franklin County Regional Housing & Redevelopment Authority  
241 Millers Falls Rd  
Turners Falls, MA 01376

Date:

To:

Dear Applicant/Resident/Program Participant:

We have received your request for a reasonable accommodation dated [xx/xx/xxxx]. It would help us make our decision if we could meet with you. You are entitled to bring someone to assist you at the meeting.

We would like to meet on [date, time, place] [include remote meeting and telephonic meeting options as an alternative to an in-person meeting]. If you cannot come at that time, please call us at [(xxx) xxx-xxx] and we can find a mutually agreeable date and time.

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 provide us.

We look forward to meeting with you. If you have questions, or if you need any accommodations for this meeting, please contact us at 413-863-9781 [ext. xxx], or email us at [case worker email address].

[Signature and closing]

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## **Attachment 8 – Additional Program-Specific Requirements**

Contents:

8A – Housing Choice Voucher (HCV) Program Requirements

8B – Massachusetts Rental Voucher Program (MRVP) Requirements

### 8A – Housing Choice Voucher (HCV) Program Requirements

Chapter 2, Part II of the LHA’s Board-Approved Administrative Plan for the Housing Choice Voucher Program addresses the LHA’s policies related to program participants with disabilities. Chapter 2, Part II is excerpted below; the full HCV Administrative Plan is available upon request by contacting the LHA at 413-863-9781 or [fcrhra.info@gmail.com](mailto:fcrhra.info@gmail.com).

#### **HOUSING CHOICE VOUCHER PROGRAM ADMINISTRATIVE PLAN**

#### **CHAPTER 2: FAIR HOUSING AND EQUAL OPPORTUNITY**

#### **PART II: POLICIES RELATED TO PERSONS WITH DISABILITIES**

#### **2-II.A. OVERVIEW**

One type of disability discrimination prohibited by the Fair Housing Act is the refusal to make reasonable accommodation in rules, policies, practices, or services when such accommodation may be necessary to afford a person with a disability the equal opportunity to use and enjoy a program or dwelling under the program.

The PHA must ensure that persons with disabilities have full access to the PHA’s programs and services. This responsibility begins with the first inquiry of an interested family and continues through every programmatic area of the HCV program.

#### **HRA Policy**

It is the policy of the HRA to be service-directed in the administration of our housing programs, and to exercise and demonstrate a high level of professionalism while providing housing services to families.

The HRA will ask all applicants and participants if they require any type of accommodations, in writing, on the intake application, reexamination documents, and notices of adverse action by the HRA, by including the following language:

“If you or anyone in your family is a person with disabilities, and you require a specific accommodation in order to fully utilize our programs and services, please contact the housing authority.”

A specific name and phone number will be indicated as the contact for requests for accommodation for persons with disabilities.

#### **2-II.B. Definition of REASONABLE Accommodation**

A reasonable accommodation is an adjustment made to a rule, policy, practice, or service that allows a person with a disability to have equal access to the HCV program. For example, reasonable accommodations may include making home visits, extending the voucher term, or approving an exception payment standard in order for a participant to lease an accessible dwelling unit.

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Federal regulations stipulate that requests for accommodations will be considered reasonable if they do not create an "undue financial and administrative burden" for the PHA, or result in a "fundamental alteration" in the nature of the program or service offered. A fundamental alteration is a modification that alters the essential nature of a provider's operations.

### **Types of Reasonable Accommodations**

When needed, the PHA must modify normal procedures to accommodate the needs of a person with disabilities. Examples include:

- Permitting applications and reexaminations to be completed by mail
- Conducting home visits
- Using higher payment standards (either within the acceptable range or with HUD approval of a payment standard outside the PHA range) if the PHA determines this is necessary to enable a person with disabilities to obtain a suitable housing unit
- Providing time extensions for locating a unit when necessary because of lack of availability of accessible units or special challenges of the family in seeking a unit
- Permitting an authorized designee or advocate to participate in the application or certification process and any other meetings with PHA staff
- Displaying posters and other housing information in locations throughout the PHA's office in such a manner as to be easily readable from a wheelchair

### **2-II.C. Request for an ACCOMMODATION**

If an applicant or participant indicates that an exception, change, or adjustment to a rule, policy, practice, or service is needed because of a disability, HUD requires that the PHA treat the information as a request for a reasonable accommodation, even if no formal request is made [Joint Statement of the Departments of HUD and Justice: Reasonable Accommodations under the Fair Housing Act].

The family must explain what type of accommodation is needed to provide the person with the disability full access to the PHA's programs and services.

If the need for the accommodation is not readily apparent or known to the PHA, the family must explain the relationship between the requested accommodation and the disability. There must be an identifiable relationship, or nexus, between the requested accommodation and the individual's disability.

#### **HRA Policy**

The HRA will encourage families to make written requests for reasonable accommodations on forms provided by the Agency. However, the HRA will also consider accommodations any time a family indicates that an accommodation is needed whether or not a formal written request is submitted. The family will be required to submit a signed authorization form to allow HRA to obtain information pertinent to the requested accommodation.

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## 2-II.D. Verification of Disability

The regulatory civil rights definition for persons with disabilities is provided in Exhibit 2-1 at the end of this chapter. The definition of a person with a disability for the purpose of obtaining a reasonable accommodation is much broader than the HUD definition of disability which is used for waiting list preferences and income allowances.

Before providing an accommodation, the PHA must determine that the person meets the definition of a person with a disability, and that the accommodation will enhance the family's access to the PHA's programs and services.

If a person's disability is obvious or otherwise known to the PHA, and if the need for the requested accommodation is also readily apparent or known, no further verification will be required [Joint Statement of the Departments of HUD and Justice: Reasonable Accommodations under the Fair Housing Act].

If a family indicates that an accommodation is required for a disability that is not obvious or otherwise known to the PHA, the PHA must verify that the person meets the definition of a person with a disability, and that the limitations imposed by the disability require the requested accommodation.

When verifying a disability, the PHA will follow the verification policies provided in Chapter 7. All information related to a person's disability will be treated in accordance with the confidentiality policies provided in Chapter 16. In addition to the general requirements that govern all verification efforts, the following requirements apply when verifying a disability:

- Third-party verification must be obtained from an individual identified by the family who is competent to make the determination. A doctor or other medical professional, a peer support group, a non-medical service agency, or a reliable third party who is in a position to know about the individual's disability may provide verification of a disability [Joint Statement of the Departments of HUD and Justice: Reasonable Accommodations under the Fair Housing Act]
- The PHA must request only information that is necessary to evaluate the disability-related need for the accommodation. The PHA will not inquire about the nature or extent of any disability.
- Medical records will not be accepted or retained in the participant file.

## 2-II.E. Approval/Denial of a Requested Accommodation [Joint Statement of the Departments of HUD and Justice: Reasonable Accommodations under the Fair Housing Act].

The PHA must approve a request for an accommodation if the following three conditions are met:

- The request was made by or on behalf of a person with a disability.
- There is a disability-related need for the accommodation.
- The requested accommodation is reasonable, meaning it would not impose an undue financial and administrative burden on the PHA, or fundamentally alter the nature of the PHA's HCV operations (including the obligation to comply with HUD requirements and regulations).

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Requests for accommodations must be assessed on a case-by-case basis, taking into account factors such as the cost of the requested accommodation, the financial resources of the PHA at the time of the request, the benefits that the accommodation would provide to the family, and the availability of alternative accommodations that would effectively meet the family's disability-related needs.

Before making a determination whether to approve the request, the PHA may enter into discussion and negotiation with the family, request more information from the family, or may require the family to sign a consent form so that the PHA may verify the need for the requested accommodation.

#### **HRA Policy**

- After a request for an accommodation is presented, the HRA will respond, in writing, within 10 business days of receiving 3<sup>rd</sup> party documentation of the disability from the provider.
- If the HRA denies a request for an accommodation because it is not reasonable (it would impose an undue financial and administrative burden or fundamentally alter the nature of the HRA's operations), the HRA will discuss with the family whether an alternative accommodation could effectively address the family's disability-related needs without a fundamental alteration to the HCV program and without imposing an undue financial and administrative burden.
- If the HRA believes that the family has failed to identify a reasonable alternative accommodation after interactive discussion and negotiation, the HRA will notify the family, in writing, of its determination within 10 business days from the date of the most recent discussion or communication with the family.

#### **2-II.F. Program Accessibility for Persons with Hearing or Vision Impairments**

HUD regulations require the PHA to ensure that persons with disabilities related to hearing and vision have reasonable access to the PHA's programs and services [24 CFR 8.6].

At the initial point of contact with each applicant, the PHA shall inform all applicants of alternative forms of communication that can be used other than plain language paperwork.

#### **HRA Policy**

To meet the needs of persons with hearing impairments, HRA will use Mass Relay. <http://www.mass.gov/?pageID=eopsagencylanding&L=3&L0=Home&L1=Public+Safety+Agencies&L2=Massachusetts+Relay+Service&sid=Eeops>

Alternatively, HRA may provide American Sign Language interpretation through Language Bridge, LLC or another qualified vendor.

To meet the needs of persons with vision impairments, large-print and audio versions of key program documents will be made available upon request. When visual aids are used in public meetings or presentations, or in meetings with HRA staff, one-on-one assistance will be provided upon request.

Alternative accommodations for persons with visual or hearing impairments include having HRA staff explain printed material verbally or having a third party representative

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designated by the applicant to receive, interpret and explain HCV-related information and be present at all meetings.

## **2-II.G. Physical Accessibility**

The PHA must comply with a variety of regulations pertaining to physical accessibility, including the following:

Notice PIH 2006-13

Section 504 of the Rehabilitation Act of 1973

The Americans with Disabilities Act of 1990

The Architectural Barriers Act of 1968

The Fair Housing Act of 1988

The PHA's policies concerning physical accessibility must be readily available to applicants and participants. They can be found in three key documents:

This plan describes the key policies that govern the PHA's responsibilities with regard to physical accessibility.

Notice PIH 2006-13 summarizes information about pertinent laws and implementing regulations related to non-discrimination and accessibility in federally-funded housing programs.

The PHA Plan provides information about self-evaluation, needs assessment, and transition plans.

The design, construction, or alteration of PHA facilities must conform to the Uniform Federal Accessibility Standards (UFAS). Newly-constructed facilities must be designed to be readily accessible to and usable by persons with disabilities. Alterations to existing facilities must be accessible to the maximum extent feasible, defined as not imposing an undue financial and administrative burden on the operations of the HCV program.

When issuing a voucher to a family that includes an individual with disabilities, the PHA will include a current list of available accessible units known to the PHA and will assist the family in locating an available accessible unit, if necessary, using <http://www.massaccesshousingregistry.org/>.

In general, owners must permit the family to make reasonable modifications to the unit. However, the owner is not required to pay for the modification and may require that the unit be restored to its original state at the family's expense when the family moves.

## **2-II.H. Denial or Termination of Assistance**

A PHA's decision to deny or terminate the assistance of a family that includes a person with disabilities is subject to consideration of reasonable accommodation [24 CFR 982.552 (2)(iv)].

When applicants with disabilities are denied assistance, the notice of denial must inform them of the PHA's informal review process and their right to request an informal review. In addition, the notice must inform applicants with disabilities of their right to request reasonable accommodations to participate in the informal review process.

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When a participant family's assistance is terminated, the notice of termination must inform them of the PHA's informal hearing process and their right to request a hearing and reasonable accommodation.

When reviewing reasonable accommodation requests, the PHA must consider whether any mitigating circumstances can be verified to explain and overcome the problem that led to the PHA's decision to deny or terminate assistance. If a reasonable accommodation will allow the family to meet the requirements, the PHA must make the accommodation.

## 8B. Massachusetts Rental Voucher Program (MRVP) Requirements

Chapter 3, Section 2 of the Massachusetts Department of Housing and Community Development's Administrative Plan for the Massachusetts Rental Voucher Program (MRVP) is related to program participants with disabilities. Chapter 3, Section 2 is excerpted below; the full MRVP Administrative Plan is available upon request by contacting the LHA at 413-863-9781 or [fcrhra.info@gmail.com](mailto:fcrhra.info@gmail.com).

### **3.2 Policies Related to Persons with Disabilities**

One type of disability discrimination prohibited by law is the refusal to make a reasonable accommodation in rules, policies, practices, or services when such accommodation may be necessary to afford a person with a disability the equal opportunity to use and enjoy a program or dwelling under the program.

The Administering Agency [AA] will ask all Applicants and Participants if they require any type of accommodations, in writing, on the intake application, reexamination documents, and notices of adverse action by the AA. Contact information for requests for accommodation for persons with disabilities will be included.

#### **3.2.1 Definition of Reasonable Accommodation**

A person with a disability may require special accommodations in order to have equal access to MRVP. The types of reasonable accommodations the AA can provide include changes, exceptions, or adjustments to a rule, policy, practice, or service. Requests for accommodations will be considered reasonable if they do not create an "undue financial and administrative burden" for the AA, or result in a "fundamental alteration" in the nature of the program or service offered. A fundamental alteration is a modification that alters the essential nature of a provider's operations.

When reasonable, the AA should modify normal procedures to accommodate the needs of a person with disabilities. Examples include:

- Permitting applications and reexaminations to be completed by mail rather than in person;
- Conducting home visits, rather than requiring a Participant to come to the office of the AA;
- Using higher maximum rent if the AA determines this is necessary to enable a person with disabilities to obtain a suitable housing unit;
- Providing time extensions for locating a unit when necessary because of lack of availability of accessible units or special challenges of the Household in seeking a unit;
- Permitting an authorized designee or advocate to participate in the application or

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- certification process and any other meetings with AA staff; and
- Displaying posters and other housing information in locations throughout the AA's office in such a manner as to be easily readable from a wheelchair.

### **3.2.2 Request for an Accommodation**

If an Applicant or Participant indicates that an exception, change, or adjustment to a rule, policy, practice, or service is needed because of a disability, this should be treated as a request for a reasonable accommodation, even if no formal request is made. The AA should encourage the Household to make its request in writing using a reasonable accommodation request form, if available. However, the AA should consider the request any time the Household indicates that an accommodation is needed whether or not a formal written request is submitted.

A person with a disability must first ask for a specific change to a policy or practice as an accommodation of their disability before the AA will treat a person differently than anyone else. This policy is applicable to all situations described in this Administrative Plan.

The Household must explain what type of accommodation is needed to provide the person with the disability full access to the AA's programs and services.

If the need for the accommodation is not readily apparent or known to the AA, the Household must explain the relationship between the requested accommodation and the disability. There must be an identifiable relationship, or nexus, between the requested accommodation and the individual's disability.

### **3.2.3 Verification of Disability**

An individual is considered to have a disability if they:

- (a) have a physical or mental impairment which substantially limits one or more major life activities of a person;
- (b) have a record of having such impairment; or
- (c) are being regarded as having such impairment.

Current, illegal use of a controlled substance (as defined in M.G.L. c.9C) is explicitly excluded from the definition of an individual with a disability protected by fair housing and civil rights law. A past history of substance abuse, however, may be considered a disability.

Please note that while the Massachusetts anti-discrimination law, M.G.L. c. 151 B uses the term "handicap," this plan will use the term "disability."

Before providing an accommodation, the AA must determine that the person meets the definition of a disabled person, and that the accommodation will enhance the Household's access to the AA's programs and services.

If a person's disability is obvious or otherwise known to the AA, and if the need for the requested accommodation is also readily apparent or known, no further verification will be required.

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If a Household indicates that an accommodation is required for a disability that is not obvious or otherwise known to the AA, the AA must verify that the person meets the definition of a person with a disability, and that the limitations imposed by the disability require the requested accommodation.

When verifying a disability, the AA will follow the verification policies provided in Chapter 8 of this plan. All information related to a person's disability will be treated in accordance with the confidentiality policies provided in Chapter 18.4. In addition to the general requirements that govern all verification efforts provided in Chapter 8, the following requirements apply when verifying a disability:

- Third-party verification must be obtained from an individual identified by the Household who is competent to make the determination. A doctor or other medical professional, a peer support group, a non-medical service agency, or a reliable third party who is in a position to know about the individual's disability may provide verification of a disability;
- The AA must request only information that is necessary to evaluate the disability-related need for the accommodation. The AA will not inquire about the nature or extent of any disability;
- Medical records will not be accepted or retained in the Participant file; and
- In the event that the AA does receive confidential information about a person's specific diagnosis, treatment, or the nature or severity for the disability, the AA will dispose of it. In place of the information, the AA will note in the file that the disability and other requested information have been verified, the date the verification was received, and the name and address of the knowledgeable professional who sent the information.

### **3.2.4 Approval/Denial of a Requested Accommodation**

The AA must approve a request for an accommodation if the following three conditions are met:

- The request was made by or on behalf of a person with a disability.
- There is a disability-related need for the accommodation.
- The requested accommodation is reasonable, meaning it would not impose an undue financial and administrative burden on the AA, or fundamentally alter the nature of the AA's MRVP operations (including the obligation to comply with DHCD requirements and regulations).

Requests for accommodations must be assessed on a case-by-case basis, taking into account factors such as the cost of the requested accommodation with respect to the number of employees, type of facilities and size of budget, type of operation including composition and structure of workforce, the nature and cost of the requested accommodation, and the availability of alternative accommodations that would effectively meet the Household's disability-related needs.

After a request for an accommodation is presented together with all requested supportive documentation, the AA will respond, in writing, within 15 business days.

Before making a determination whether to approve the request, the AA may enter into

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discussion and negotiation with the Household, request more information from the Household, if necessary, or may require the Household to sign a consent form so that the AA may verify the need for the requested accommodation.

Approval of a request for an accommodation will include terms, conditions, performance expectations for all parties and a schedule if appropriate.

If the AA denies a request for an accommodation because it is not reasonable (it would impose an undue financial and administrative burden or fundamentally alter the nature of the AA's operations), the AA will discuss with the Household whether an alternative accommodation could effectively address the Household's disability-related needs without a fundamental alteration to MRVP and without imposing an undue financial and administrative burden.

If an alternative accommodation is not agreed upon after interactive discussion and negotiation between the Household and the AA, the AA will notify the Household, in writing, of its determination within 15 business days from the date of the most recent discussion or communication with the Household. The Household may file a Grievance, if a Participant, or a request a private conference, if an Applicant.

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