

COMMUNITY REALTY MANAGEMENT



REASONABLE ACCOMMODATION PLAN MANUAL





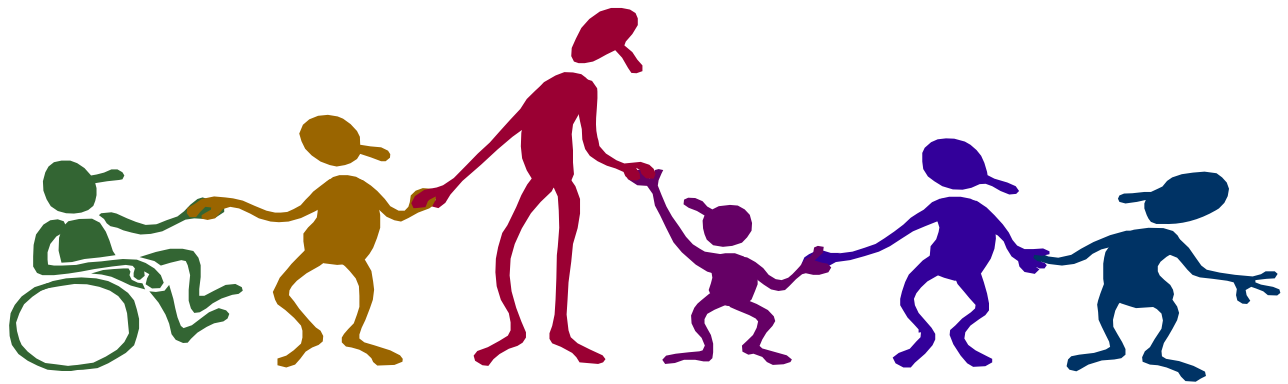
FAIR HOUSING

Community Realty Management

Reasonable Accommodation Manual

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DISCLAIMER

This publication is designed to provide accurate and authoritative information in regard to the subject matter covered. It is sold with the understanding that the information herein is of a general nature. If legal or other expert assistance is required, the services of a competent professional or attorney should be sought.

The information contained herein is based on sources believed to be accurate and reliable. However, no representation or warranty is made as to such accuracy. Readers should refer to primary sources whenever appropriate, and should make certain that information has not been affected by recent developments.

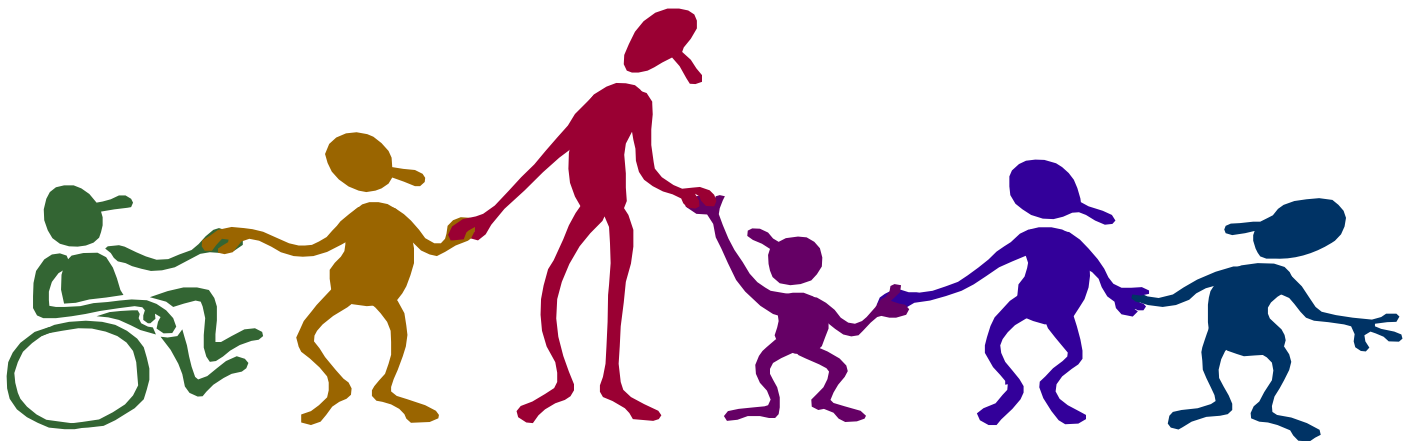
This manual is not exhaustive of the issues and requirements. It reflects the company's professional experience, research and opinions, which may or may not agree with those of other commentators or experts in the field.

The HUD Manual should always be considered an excellent source of information.

Reasonable Accommodation Manual

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Reasonable Accommodation Plan

Reasonable Accommodation Plan

All properties managed by Community Realty Management will adhere to the following procedures to maintain compliance with 504 Compliance.

- 1) Properties will have a binder titled, "Reasonable Accommodation Plan"

The 504 Compliance binder will contain the following documents:

- 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 (pictures with descriptions very helpful)
- Records of resident's requests for reasonable accommodations or modifications
- Various verification forms and request forms can be found in the Occupancy Manual and also the CRM CD of Forms.
- Letters from various agencies that have visited the property and made recommendations of what the property can do to accommodate the disabled (March of Dimes, Multiple Sclerosis, Muscular Dystrophy, etc.)
- Copy of HUD's directive in 504 Compliance (pages 2-18 – 2-42 in HUD Manual 4350.3). Information about **Owner Self- Evaluation** can be found on page 2-30.
- Ed Lenker's Self Evaluation Report dated in the late 1980's or early 1990's if available.

- 2) Property Managers will keep a 3-ring binder up to date and prepared to show the information to a reviewer during the annual Management Review or to a fair housing auditor.
- 3) Property Managers will have the following documents posted on the office's bulletin board:
 - Fair Housing Officer Poster
 - Equal Housing Opportunity Posters
 - Office of Civil Rights, Department of Executive Services, titled, *FAIR HOUSING: REASONABLE ACCOMMODATION*. 2-page document
 - Reasonable Accommodation Forms
- 4) Every January Property Managers will mail out a packet on an annual basis to all residents consisting of the following documents:
 - a) Office of Civil Rights – *Fair Housing: Reasonable Accommodation*
 - b) Reasonable Accommodation Form
 - c) Reasonable Accommodation and Modification Requests
 - d) Sample letter
- 5) Letterhead needs to have the TTY number which is a telecommunications device suitable for the hearing-impaired or equally effective communication system.

New Jersey:	1-800 – 852 – 7899
Pennsylvania	1-800 – 654 – 5984
Virginia	1-800 – 828 – 1120
Maryland	1-800 – 855 – 1234

- 6) Property Manager will complete a Transition Plan with the assistance of interested persons. See page 2-31 in the HUD Manual, 4350.3.
 - a) Identify physical obstacles in the property that limit accessibility to persons with disabilities. Property Manager and EPM should walk the property to define all obstacles.
 - b) Describe in detail the steps that will be taken to make the project accessible. In some cases, accessibility will not be possible due to budget restraints, topography limitations and or limitations to structural changes.
 - c) Specify the schedule for taking steps to achieve compliance with the requirements for structural changes, including making a minimum of 5% of the units accessible to persons with mobility impairments. If the time period covered by the transition plan is longer than one year, the plan must identify steps that will be taken during each year of the transition period.
 - d) Designate the person (and his/her title) responsible for implementing the plan
 - e) Identify persons or groups (interested persons) who helped the owner prepare the plan. Interested persons could be individuals from United Way, Multiple Scrosis, Muscular Dystrophy, March of Dimes, etc.
- 7) Property Managers 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.
- 8) Binder will be audited by Executive Property Managers during the annual audit.

Revised 3/07

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 individuals and families will be treated fairly, consistently and with respect.**

Seven federally protected classes: (“FRESH CORN” Principle)

F	Familial Status	C	Color
R	Race	R	Religion
S	Sex	N	National Origin
H	Handicap		

Handicap (Disability) Discrimination

The word *handicap* is an old negative term. The word stems from the period shortly after World War I when the veterans returned home and could not find work. Many people would stand on street corners with their *cap* in their *hand* begging for money. 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 & 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:

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

Reasonable Modifications:

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

Examples:

- 1) Installing a ramp
- 2) Installing a grab bar in tub area
- 3) 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	Mature Persons	Ideal for Working People
Couples Preferred	Restricted	Senior Discount
Adult Building	Children to age 5	Hispanic Community
Infants Only	Newlyweds and singles	

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?

Office of Civil Rights

Department of Executive Services

FAIR HOUSING: REASONABLE ACCOMMODATION

The **Fair Housing Act** at 42 U.S.C. 3604(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. 802))." 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 more 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 recovered and recovering abusers of controlled substances as 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 Property 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 business days.

Sample Resident Letter for Reasonable Accommodation/Modification Requests

May 3, 2007

Danny Thomas
Building Manager
123456 North Divide
Bismarck, ND, 58501

Dear Mr. Thomas:

I, Jim Olson, qualify as a person with a disability as defined by the Fair Housing Act Amendments of 1988. I live at 123456 North Divide in unit #205.

The parking near by building does not have designated handicapped parking. Because of my disability, it would be much easier and more convenient for me to park closer to my apartment in a handicapped parking place with a nearby curb cut. The note from my doctor, recommending the handicapped parking space, is attached.

I am requesting that you make a reasonable accommodation in the building's parking lot.

Please respond in writing to my request for a reasonable accommodation within ten days of the date of this letter. I look forward to your response and appreciate your attention to this critical matter.

Sincerely,
(Signature)
Jim Olson

RESIDENT'S REASONABLE ACCOMMODATION REQUEST FORM

[Name of property] 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: _____

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 back of this form or attach 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 to be considered.

Name: _____

Position: _____

Address: _____

Telephone: _____

REASONABLE ACCOMMODATIONS VERIFICATION FORM

[Apartment complex name] 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:

(Please print) _____

Signature of Verifier: _____ Date: _____

Address: _____

Telephone: _____

NEED FOR 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 resident’s 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 an impairment, or being regarded as having such an 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 _____

2. 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 aware that it is not adequate to state that the resident will merely “benefit” from the services of the live-in aide. The services must be necessary.

Yes _____ No _____ I don't know _____

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

4. 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?

5. 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: _____

Name of Live-In Aide: _____

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 as 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 the length of his/her stay in the apartment or his/her relationship to the resident.
2. The Live-In Aide shall be living 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 for 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's Signature: _____ Date: _____

Live-In Aide's Signature: _____ Date: _____

Property Manager's Signature: _____ Date: _____

504 Self-Evaluation Form

Property: _____ **Date** _____

The purpose of the self-evaluation is to check the property's compliance with the Fair Housing Amendment Act. By no means is this a complete and definitive assurance that the property in question is in absolute compliance, but should enable the evaluator to assess any possible areas of concern. If an answer to questions #1 through 7 is "No", the item needs to be addressed on the Transition Plan.

Pictures and descriptive locations should be included if possible.

1. Are the accessible parking spaces oversized or do they include a painted access aisle?
2. Are the resident mailboxes on an accessible route?
3. If the community has a playground, is it wheelchair accessible?
4. Is the office, community building and laundry served with at least one accessible parking space with a painted or oversized access aisle?
5. Is the office, community building and laundry room on an accessible route, free from inclines and steps?
6. Are the primary door openings of the office and or community buildings and laundry wider than 32"?
7. Does the primary door to the office, community room and laundry require little effort to open?
8. Are the door openings to the habitable rooms 32" or wider? If not, could they be retrofitted if requested?
9. Is there an accessible route to the dwelling unit, free from inclines and steps?

- 10. List all interested persons that were consulted in updating the Self Evaluation, such as various agencies who work with the disabled such as March of Dimes, Muscular Dystrophy, etc.
- 11. Describe areas of the property that have been examined and problems have been identified.
- 12. List all reasonable and modified accommodations that have taken place at the property.

Reasonable modification examples:

Unit 5-C	Grab bars installed in bathroom	5/14/03
Unit 12-D	Exterior ramp installed	6/13/02

Reasonable accommodation examples:

Unit A-5	Monthly rental payments are picked up at apartment
Unit 12-L	Resident has an assisted animal

Updated by: _____
Name of Employee

Date

SECTION 504 TRANSITION PLAN OUTLINE

Property: _____ Date: _____

Property Manager: _____

Telephone Number: _____

E-Mail Address: _____

I. Identify Physical Obstacles in the Property That Limit Accessibility to Persons with Disabilities. **(Attach Ed Lenker's Plan if available.)**

A. Apartments are located on 1st and second floors. Second floor is accessible by stairs. First floor is accessible by stepping up two steps onto a small concrete stoop. Property was constructed in _____.

II. Describe in Detail the Methods That Will be Used to Make the Property Accessible

A. Ramps have been and will be installed as needed for first floor apartments.

B. Grab bars have been installed in bathtub areas

C. Receptacles have been lowered

D. Raised toilets have been installed

E. Accessible parking and curb cuts have been created

F. Ramp installed at laundry entrance

III. Individuals Responsible for Overseeing Appropriate Action

A. Property Manager, under the supervision of the Executive Property Manager, will oversee all reasonable modifications.

- IV. Projected Start Date for Action
 - A. Normally action is taken within 7 – 10 days upon the request of a reasonable modification. If work involves a contractor, the completion time period could possibly be extended.

- V. How Are Applicants and Residents Made Aware That the Owner Will Provide Reasonable Accommodations
 - A. A Reasonable Accommodation and Modification Request Form is posted on the bulletin board at the management office.

- VI. Projected cost for completing project:
 - A. Costs for various projects will vary. Approximate costs range between \$10.00 and \$1,000.

- VII. Describe Reasonable Accommodations That Have Been Made for Residents
 - A. Management will pick up rental payments upon request
 - B. Service and or companion animals are permitted for persons with disabilities
 - C. Management will make a home visit to take a new application if applicant is disabled and unable to come to management office

- VIII. Describe How Residents and Applicants are Notified that Management Does not Discriminate On The Basis of Disability.
 - A. A flyer is posted on the bulletin board in the management office indicating that management does not discriminate against race, religion, familiar status, disabled individuals, sex, color and national origin. The Equal Housing Opportunity logo is posted in the management office.

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