

Andover Housing Authority 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 Andover Housing Authority (the “AHA”) regarding making reasonable accommodations and reasonable modifications for qualified



applicants or residents¹ with disabilities for participation in the AHA programs and activities.² A copy of this Reasonable Accommodation/Modification Policy and Procedures is posted in AHA common areas and on the AHA website, located at <http://www.foxborohousing.com>. Additionally, a copy of this Reasonable Accommodation/Modification Policy and Procedures may be obtained upon request by contacting the Andover Housing Authority at 978-475-2365.

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 AHA 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 AHA’s Board.

1.6. The term “reasonable accommodation” as used herein means a change in the AHA’s rules, policies, practices, or services, that may be necessary to provide persons with disabilities an equal opportunity to participate in AHA programs, activities, and services, and/or to enjoy AHA 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.

¹ Reasonable accommodation/modification policies with respect to AHA employees are outlined in the AHA Personnel Policy.

² 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 AHA 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 AHA's housing services, programs, and facilities, nor otherwise discriminate against individuals with disabilities in connection with the operation of the AHA'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 AHA 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 AHA 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 AHA's position regarding reasonable accommodations/modifications for persons with disabilities in connection with the AHA's housing programs 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 AHA.

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 Act³;

³ https://www.justice.gov/sites/default/files/crt/legacy/2010/12/14/joint_statement_ra.pdf .



- (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 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 AHA’s Reasonable Accommodation Coordinator, Colleen O’Connor is responsible for monitoring the AHA’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 Reasonable Accommodation Coordinator at colleen@andoverhousing.org, in writing, or in person by appointment, at the Andover Housing Authority or by calling 978-475-2365 ext. 102.

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 AHA staff should apply when responding to requests for reasonable accommodations/modifications within all AHA 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 AHA is still obligated to verify the request and 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 AHA and the applicant/resident, or person acting on the applicant/resident’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 AHA 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 AHA and our applicants/residents. If an applicant/resident does not, or cannot use the Request Form, the AHA will still respond



to the request for an accommodation/modification. The applicant/resident 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.

(i) Some examples of auxiliary aids and services include the following: qualified interpreters, printed material, telecommunications products and systems including text telephones (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) The AHA need not provide a requested accommodation if a reasonable alternative accommodation can be provided. The AHA need only provide reasonable accommodations/modifications that provide the disabled individual an equal opportunity to use and enjoy housing programs.

(e) In accordance with Procedure 3 below, the AHA will grant the request for a reasonable accommodation/modification only to the extent there is no undue financial and/or administrative burden, fundamental alteration to the nature of the program, direct threat, or other lawful basis for denial. 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 AHA does not provide under its program). The AHA 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 AHA, 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 AHA 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 AHA 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 a resolution adopted by the AHA Board. The AHA Board need only vote to adopt Significant Amendments to the Policy.
- 7.2. The Procedures may be amended within the scope of the Policy by the Board of the AHA.
- 7.3. Legal Compliance. Any amendment to the Policy or Procedures shall be consistent with all applicable laws and regulations.

SECTION 8. STAFF TRAINING

The Executive Director will ensure that AHA staff are familiar with this Policy and Procedures and all applicable federal, state and local requirements regarding reasonable accommodations/modifications. The Executive Director will avail himself/herself of training opportunities related to anti-discrimination efforts and reasonable accommodations/modifications.

PART B: PROCEDURES

PROCEDURE 1 - COMMUNICATION WITH APPLICANTS AND RESIDENTS

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 and Residents: Reasonable Accommodations and Modifications are available for Applicants and Residents with Mental and/or Physical Disabilities ("Notice") is attached to this Policy and Procedures as Attachment 1.
2. AHA Residents seeking accommodations/modifications may contact the Main office located at 100 Morton Street, Andover MA or call the AHA office at 978-475-2365.
3. The AHA is responsible for informing all residents that a request may be submitted for reasonable accommodations/modifications for an individual with a disability. This can be achieved by posting this policy in a conspicuous place on AHA property. 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, the Reasonable Accommodation Coordinator and/or Executive Director will respond to the request within ten (10) business days notifying the resident that the request was received. 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) or a substantially similar document. 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 AHA will approve or deny the request as soon as possible, but not later than forty (40) days after receiving all needed information and documentation from the resident, unless it is impracticable to do so. Exceptions to the forty (40) day period for notification of the AHA’s decision on the request should be provided to the resident in writing. 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. A copy of each of the Letter Denying Request for Reasonable Accommodation/ Modification and the Letter Approving Request for Reasonable Accommodation/ Modification is attached to this Policy and Procedure as Attachment 5 and Attachment 6, respectively, or a substantially similar decision document may be provided.
5. The AHA will maintain its offices written copies of this Policy and its Procedures.

PROCEDURE 2 - SEQUENCE FOR MAKING DECISIONS

STEP 1. Is the applicant/resident a qualified “individual with a disability”?

- (a) If NO, the AHA is not obligated to make a reasonable accommodation/modification; therefore, the AHA may deny the request.
- (b) IF YES, proceed to Step 2.
- (c) If more information is needed, the AHA 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 necessary to afford the disabled individual an equal opportunity use and enjoy the AHA’s programs, activities, or services?

- (a) If NO, the AHA is not obligated to make the accommodation/modification; therefore, the AHA may deny the request.
- (b) If YES, proceed to Step 3.
- (c) If more information is needed, the AHA 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 there a connection (“nexus”) between the requested accommodation/modification and the disability?

- (a) If NO, the AHA is not obligated to make the accommodation/modification; therefore, the AHA may deny the request.
- (b) If YES, proceed to Step 4.
- (c) If more information is needed, the AHA 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 4. Is the requested accommodation reasonable? This determination will be made by



following PROCEDURE 4 - GUIDELINES FOR DETERMINING REASONABLENESS, below.

- (a) If YES, the AHA 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 AHA may deny the request. Submit the denial using the Letter Denying Request for Reasonable Accommodation/Modification.
- (c) If more information is needed, the AHA 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 4 - GUIDELINES FOR DETERMINING REASONABLENESS

1. In accordance with Section 6.1 of the Policy, the AHA 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 AHA, the AHA may require the individual with a disability to provide further information to demonstrate the nexus or need for the requested accommodation to enable an equal opportunity to access, use, or enjoy the housing program or AHA services and activities. Additionally, the AHA may offer equally effective alternatives to the requested accommodation/modification, and/or alternative methods for providing the requested accommodation through the interactive process.

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 AHA 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 AHA 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 AHA 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 AHA’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 AHA’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 AHA 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 AHA 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 AHA's activities, programs, or services.

In response to reasonable accommodation/modification requests, the AHA may not require verification of disability if the disability is obvious or otherwise known. The AHA also may only ask what the disability is or require specific details as to the disability to the extent necessary to establish a nexus between the disability and the request being made or the reasonableness of the request. The AHA 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 AHA 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. Health care providers must attest to any verification provided under the pains and penalties of perjury.

6. Confidentiality. Information provided to the AHA 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

[For programs subject to 760 CMR 5.08(2) and/or 760 CMR 6.03 & 6.08] When an AHA 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 AHA 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 AHA responses or inaction with respect to a reasonable accommodation/modification request through the grievance process pursuant to 760 CMR 6.03 & 6.08. **Failure to request an appeal in a timely manner shall be considered a waiver of requester's right to contest accommodation determination.**



ATTACHMENTS:

Attachment 1 – Notice to All Applicants and Residents: Reasonable Accommodations and Modifications are Available for Applicants and Residents 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





ANDOVER HOUSING AUTHORITY

100 Morton Street Andover, Mass. 01810 Tel. 978-475-2365 FAX: 978-475-0313
TDD 1-800-545-1833 X372

Attachment 1: Notice of Availability of Reasonable Accommodations/Modifications

Notice to All Applicants and Residents: Reasonable Accommodations and Modifications are Available for Applicants and Residents with Mental and/or Physical Disabilities

The Andover Housing Authority (AHA) does not discriminate against applicants or residents on the basis of mental (including psychiatric) or physical disabilities. In addition, the AHA has an obligation to provide "reasonable accommodations" and "reasonable modifications" on account of a disability if a applicant or resident 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 AHA can make to its rules, policies, practices, or services, and a reasonable modification is a change an AHA 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 AHA'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 or resident household which has a member with a mental and/or physical disability must still be able to meet essential obligations of their tenancy. For example, the household must be able to pay rent, to care for the apartment, to report required information to the AHA, 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 AHA has an Accommodation Coordinator – Colleen O'Connor, Housing Manager. If you need an accommodation or modification because of a disability, please complete the attached form and return it to the AHA. Upon reasonable request by the AHA, you must also submit documentation verifying the existence of a disability and the disability-related need for the accommodation or modification. Within forty (40) calendar days of receipt of your request and completed documentation, the Accommodation Coordinator will contact you to discuss what the AHA 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.



Attachment 2: Request for Reasonable Accommodations/Modifications Form
Request for Reasonable Accommodations/Modifications

To: Accommodation Coordinator Colleen O'Connor
Andover Housing Authority
100 Morton Street,
Andover, Massachusetts 01810

From: _____
Applicant or Resident 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 or Resident (or authorized representative)

Date



Attachment 3 – Request for Information or Verification



ANDOVER HOUSING AUTHORITY

100 Morton Street Andover, Mass. 01810 Tel. 978-475-2365 FAX: 978-475-0313
TDD 1-800-545-1833 X372

Andover Housing Authority
100 Morton Street,
Andover, Massachusetts 01810

Date:

To:

Dear Applicant or Resident:

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 978-475-2365, or email us at colleen@andoverhousing.org.

[Signature and closing]



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 Name _____

Applicant/Resident Address _____

I hereby authorize release of the following information: _____ (Applicant/Resident Signature)

the Andover Housing Authority (AHA) may request verification that an applicant/resident has a disability to determine whether the applicant/resident needs a reasonable accommodation in the AHA'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 AHA's programs, activities, or services. The above-named applicant/resident 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,

Executive Director and/or Reasonable Accommodation Coordinator



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

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

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

*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)):

Turn over →



28 U.S.C. 1746 CERTIFICATION: I certify under the pains and penalties of perjury 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:

Name: _____

Address: _____

Telephone #: _____



Attachment 5 – Letter Denying Request for Reasonable Accommodation/Modification



ANDOVER HOUSING AUTHORITY

100 Morton Street Andover, Mass. 01810 Tel. 978-475-2365 FAX: 978-475-0313
TDD 1-800-545-1833 X372

Andover Housing Authority
100 Morton Street,
Andover, Massachusetts 01810

Date:

To:

Dear Applicant or Resident:

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 AHA) simply and clearly stated].

If you have any questions or disagree with this decision and believe you can provide the AHA with additional information as to why the requested accommodation should be approved, please contact us at 978-475-2365.

[Signature and closing]



Attachment 6 – Letter Approving Request for Reasonable Accommodation/Modification



ANDOVER HOUSING AUTHORITY

100 Morton Street Andover, Mass. 01810 Tel. 978-475-2365 FAX: 978-475-0313
TDD 1-800-545-1833 X372

Andover Housing Authority
100 Morton Street,
Andover, Massachusetts 01810

Date:

To:

Dear Applicant or Resident:

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 the Andover Housing Authority at 978-475-2365.

[Signature and closing]



Attachment 7 – Request for Meeting



ANDOVER HOUSING AUTHORITY

100 Morton Street Andover, Mass. 01810 Tel. 978-475-2365 FAX: 978-475-0313
TDD 1-800-545-1833 X372

Andover Housing Authority
100 Morton Street,
Andover, Massachusetts 01810

Date:

To:

Dear Applicant or Resident:

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 978-475-2365 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 Colleen O'Connor, TTY 978-475-2365, or colleen@andoverhousing.org

[Signature and closing]

