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# CHELMSFORD HOUSING AUTHORITY

## REASONABLE ACCOMMODATION AND MODIFICATION POLICY AND PROCEDURES

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JUNE 21, 2022

CHELMSFORD HOUSING AUTHORITY  
10 Wilson Street, Chelmsford, MA 01824

Chelmsford 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 Chelmsford Housing Authority (the “LHA”) regarding making reasonable accommodations and reasonable modifications for qualified applicants or residents<sup>1</sup> with disabilities for participation in the LHA programs and activities. A copy of this Reasonable Accommodation/Modification Policy and Procedures is posted in LHA common areas and on the LHA website, located at [www.chelmsfordha.com](http://www.chelmsfordha.com). Additionally, a copy of this Reasonable Accommodation/Modification Policy and Procedures may be obtained upon request by contacting Ruth Boucher at (978) 256-7425 X10 or [ruth@chelmsfordha.com](mailto:ruth@chelmsfordha.com).

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<sup>1</sup> Reasonable accommodation/modification policies with respect to LHA employees are 10 Wilson Street, Chelmsford, MA, as part of the Employee Handbook.



## **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.

### **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 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>2</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 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

The LHA Reasonable Accommodation Coordinator/Deputy Director, Connie Donahue, 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 Connie Donahue at [connie@chelmsfordha.com](mailto:connie@chelmsfordha.com) in writing, or in person by appointment, at 10 Wilson Street, Chelmsford, MA or by calling (978) 256-7425 X10.

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<sup>2</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) .



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

6.1 Listed below are the general principles that 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, 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 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. If an applicant/resident does not, or cannot use the Request Form, the LHA 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) 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 with 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.

## SECTION 8. STAFF TRAINING

The Reasonable Accommodation Coordinator/Deputy Director 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/Deputy Director will avail themselves 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. 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 (978) 256-7425 X10, TTY (800) 439-0183 where their request will be forwarded to the Property Manager.

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/Deputy Director 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. Exceptions to the thirty (30) day period for notification of the LHA’s decision on the request should be provided to the resident 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 Accommodation/ Modification is attached to this Policy and Procedure as Attachment 5 and Attachment 6, respectively.
5. The LHA will maintain in its offices written materials that summarize this Policy and highlights the Procedures for making a request for reasonable accommodation/modification.

## PROCEDURE 2 - SEQUENCE FOR MAKING DECISIONS

**STEP 1.** Is the applicant/resident 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.

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 their 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

**For programs subject to 760 CMR 5.08(2) and/or 760 CMR 6.03 & 6.08:** 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.

**Other Programs:** The same requirements will be applied to all housing programs offered by the LHA.



**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 - Reasonable Accommodation/Modification policies with respect to LHA employees



## **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**

Local Housing Authority (LHA) does not discriminate against applicants or residents 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 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 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 or resident household that 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 a Reasonable Accommodations 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.



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

**REQUEST FOR REASONABLE ACCOMMODATION/MODIFICATION**

**PLEASE CHECK ONE:**

**NO, I do not need to request accommodations at this time. (Please sign & date)**

**YES, I am requesting accommodations at this time. (Complete form, sign & date)**

Applicant Name (Please Print): \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ Apt. No.: \_\_\_\_\_  
City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Best Telephone Number to Reach Applicant: \_\_\_\_\_

Housing Authority Name: \_\_\_\_\_ Chelmsford Housing Authority \_\_\_\_\_  
Housing Authority Address: \_\_\_\_\_ 10 Wilson Street, Chelmsford, MA 01824 \_\_\_\_\_

To: Accommodation Coordinator

1. I have a disability that limits me in the following ways (describe):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. On account of these limitations, I request the following be done in order to permit me to participate fully in the Housing Authority's housing programs (describe):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Documentation verifying the existence of my disability, my limitations on account of it, and my need for accommodation is attached to this form. (Attach appropriate documentation)

**I attest that the foregoing information is true and correct.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



**Attachment 3 – Request for Information or Verification**



# Chelmsford Housing Authority

10 Wilson Street

Chelmsford, MA 01824 –3160

**TEL (978) 256-7425 TTY (800) 439-0183 TDD (800) 439-2370**

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

**TO:**

Applicant/Tenant Name:	
Address:	
City, State, Zip	

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.

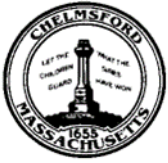
We will not make a decision on your request for reasonable accommodation/modification until we have this new information.

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) 256-7425, TTY, (800) 439-0183, or email us at [info@chelmsfordha.com](mailto:info@chelmsfordha.com).

Sincerely,

Name, Title





# Chelmsford Housing Authority

10 Wilson Street  
Chelmsford, MA 01824 –3160  
TEL (978) 256-7425 TTY (800) 439-0183 TDD (800) 439-2370

## Verification - Disability and Need for Reasonable Accommodation/Modification

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

### TO: (Physician or Health Care Professional Information)

Name:	
Address:	
City, State, Zip	

Dear \_\_\_\_\_:

RE: Applicant Name (s)  
SSN


### HOUSEHOLD MEMBER RELEASE

TO THE Resident/Applicant:

YOU DO NOT HAVE TO SIGN THIS FORM IF THE NAME OR ADDRESS OF EITHER THE PROJECT OR RECIPIENT IS LEFT BLANK.

RELEASE: I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is no older than 12 months. There are circumstances that would require the owner to verify information that is up to 5 years old, which would be authorized by me on a separate consent attached to a copy of this consent.

Signature \_\_\_\_\_ Date \_\_\_\_\_



The owner/agent provides reasonable modifications/accommodations for applicants/residents with disabilities who have a verifiable need for the reasonable modification/accommodation. A reasonable accommodation is a change to a rule that allows a disabled resident to use the community. A reasonable modification is a modification made to an apartment or common area that allows a disabled resident/applicant the ability to use and enjoy our apartment community.

A local housing authority (LHA) may request verification that an applicant/resident 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 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.

In order to qualify for a reasonable accommodation/modification the need *must be related to a disability* and there must be a nexus between the disability and the request. (For example, a resident whose arthritis impairs the use of her hands and causes her substantial difficulty in using the doorknobs in her apartment wishes to replace the doorknobs with levers. There is a relationship between the resident's disability and the requested modification.)

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

Because this property is governed by certain regulations, we are required to verify the need for a reasonable accommodation and/or modification when the need is not obvious or previously known. This means we must ask you to provide documentation from a physician, psychiatrist, social worker, or other mental health professional that the modification or accommodation alleviates at least one of the identified symptoms or effects of the existing disability.

We are required to complete our verification process in a short time period. A self-addressed envelope has been included for your convenience. If you have any questions, please feel free to contact our office.

Thank you, in advance, for your cooperation and prompt response.

\_\_\_\_\_  
Staff Name, Title

Cc: Applicant/Resident File



THE FOLLOWING TO BE COMPLETED BY PHYSICIAN OR HEALTH CARE PROFESSIONAL

1. I  can  cannot verify that the enclosed request is necessary for the above named person who has a physical or mental impairment that 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, in order for them to have equal housing opportunity or are necessary to use and enjoy the dwelling.

*\*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.*

*Note: If you can verify the necessity for the accommodation, please answer the questions below. If you cannot verify the necessity for the accommodation, please sign the form and return to the owner/agent.*

2. The applicant resident 1) has a physical or mental condition that affects one or more major life activities or 2) the applicant/resident has a record of such a condition or 3) the applicant resident is regarded as having such a condition. *Please do not otherwise provide information as to the nature or severity of the disability.*

Yes  No  I do not know

*Note: If you answered “No” or “I do not know”, please sign the form and return to the owner/agent.*

3. Please verify that the enclosed description of needed changes, requested by the applicant/resident, are necessary for him/her to have equal housing opportunity or are necessary to use and enjoy the dwelling. Please check all that apply.

In my opinion, the applicant/resident’s disability **does not** require that the requested **accommodation/modification** be made in order **for them to have equal housing opportunity or are necessary to use and enjoy the dwelling**. There is no nexus between the disability and the request.

In my opinion, the applicant/resident’s disability requires that the requested **accommodation/modification** be made in order **for them to have equal housing opportunity or are necessary to use and enjoy the dwelling**. There is a nexus between the disability and the request.

4. Please describe how the accommodation/modification addresses the symptom of the disability.

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5. Is the need permanent or temporary?

Permanent  Temporary





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.

Name and position of verifier:

(Please print) \_\_\_\_\_

Signature of Verifier: \_\_\_\_\_ Date: \_\_\_\_\_

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

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





# Chelmsford Housing Authority

10 Wilson Street  
Chelmsford, MA 01824 –3160  
TEL (978) 256-7425 TTY (800) 439-0183 TDD (800) 439-2370

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

TO:

<b>Applicant/Tenant Name:</b>	
<b>Address:</b>	
<b>City, State, Zip</b>	

Dear Applicant or Tenant:

You requested the following reasonable accommodation or modification: \_\_\_\_\_

We have denied your request because (check all that apply):

- The verification source you provided has not verified that you meet the definition of a person with a disability
- The verification source you provided has not verified that you need this accommodation / modification in order to enjoy or participate equally in our housing.
- The accommodation you requested is not considered reasonable because
  - The request creates an undue financial and administrative burden
  - It will change the fundamental nature of our program
- Other:

To make this decision, we reviewed the enclosed documentation from your health care provider and made the following determination: \_\_\_\_\_

We are committed to your continued enjoyment of your home in this community. If you disagree with this decision, you have the option to appeal the decision. The request to appeal must be received within fourteen (14) days of the date of this letter.

The meeting will be conducted by a person who was not involved in the original decision to deny.

You may bring a representative of your choice to the meeting or you may have a representative attend the meeting on your behalf.



## Questions about this Document

- Your response to this letter does not preclude you from exercising other avenues available if you believe that you are being discriminated against on the basis of age, race, color, religion, disability, age, gender, sexual orientation, gender identity, pregnancy or pregnancy-related conditions, familial status, political beliefs, military service, ancestry or national origin.

If you have difficulty understanding English, please request our assistance and we will ensure that you are provided with meaningful access based on your individual needs.

As always, we want to make sure that you are happy in your home and that you receive the correct assistance in accordance with Fair Housing and program rules. Please contact the property staff if you have any questions.

---

Name, Title





# Chelmsford Housing Authority

10 Wilson Street  
Chelmsford, MA 01824 –3160  
TEL (978) 256-7425 TTY (800) 439-0183 TDD (800) 439-2370

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

**TO:**

Applicant/Tenant Name:	
Address:	
City, State, Zip	

*Management response due by:*

After review, we have approved your request for the following change or reasonable accommodation and/or modification: \_\_\_\_\_

We expect the accommodation/modification to be available on or about: \_\_\_\_\_

If you think this accommodation/modification will not meet your needs or will take too long to provide, please request a meeting to discuss by contacting the owner/agent within fourteen (14) days from the date of this letter.

You may bring a representative of your choice to the meeting or you may have a representative attend the meeting on your behalf.

**Questions about this Document**

As always, we want to make sure that you are happy in your home and that you receive the correct assistance in accordance with HUD’s assistance program rules. Please contact the property manager if you have any questions.

Your response to this letter does not preclude you from exercising other avenues available if you believe that you are being discriminated against on the basis of race, color, religion, sex, national origin, familial status, or handicap.

If you have difficulty understanding English, please request our assistance and we will ensure that you are provided with meaningful access based on your individual needs.

Sincerely,

\_\_\_\_\_  
Name, Title



Attachment 7 – Request for Meeting



# Chelmsford Housing Authority

10 Wilson Street  
Chelmsford, MA 01824 –3160  
TEL (978) 256-7425 TTY (800) 439-0183 TDD (800) 439-2370

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

**TO:**

Name:	
Address:	
City, State, Zip	

**Response required by:** \_\_\_\_\_

Dear \_\_\_\_\_:

We have received your request for a reasonable accommodation/modification. We would like to meet with you to discuss your request and to obtain information to ensure that you are afforded every consideration. At this meeting, we will talk about the accommodation you have requested \_\_\_\_\_ [describe issue simply and clearly including specific questions, if any].

Please come ready to talk about the changes you requested and bring copies of any information you think might help us understand what you need.

At your request, we will make a reasonable accommodation in order to conduct this meeting. We would like to meet: \_\_\_\_\_. [date, time, place ] [include remote meeting and telephonic meeting options as an alternative to an in-person meeting]

If this is not convenient, please contact us, within five business days of the date of this letter, to arrange an alternative date, time, or location. You may bring a representative of your choice to the meeting or you may have a representative attend the meeting on your behalf.

**Questions about this Document**

As always, we want to make sure that you are happy in your home. Please contact the property staff if you have any questions.

Your response to this letter does not preclude you from exercising other avenues available if you believe that you are being discriminated against on the basis of race, color, religion, sex, national origin, familial status, or handicap.

If you have difficulty understanding English, please request our assistance and we will ensure that you are provided with meaningful access based on your individual needs.

\_\_\_\_\_  
Name, Title

