

REASONABLE ACCOMMODATION/MODIFICATION REQUEST POLICY & PROCESS

Palm Beach County Housing Authority (PBCHA) is committed to the letter and spirit of the Fair Housing Act, which, among other things, prohibits discrimination against persons with disabilities.

It is the policy of PBCHA to provide reasonable accommodations to applicants and residents who have disabilities and to permit residents with disabilities to make reasonable modifications. The purpose of a reasonable accommodation or a reasonable modification is to give an applicant or resident with a disability an equal opportunity to use and enjoy a dwelling.

DEFINITIONS

Reasonable Accommodation: A change, exception or adjustment to a rule, policy, practice or service that allows a person with a disability to use and enjoy a dwelling.

Reasonable Modification: A structural change made to a resident's living space or to the common areas of a community, which is necessary to enable a resident with a disability to have full use of and enjoyment of the housing. Generally, the applicant or resident is responsible for paying the cost of a reasonable modification, unless the property receives federal funds.

Reasonableness: The reasonableness of a particular accommodation or modification depends on various factors, including undue financial and administrative burden, fundamental alteration, or direct threat to the health or safety of others.

Interactive Process: If the requested accommodation or modification is not reasonable, we may use an interactive process to explore other alternatives that would address the applicant/resident's need and that would be reasonable.

Verification: If the disability and/or the connection between the disability and the requested accommodation or modification are not obvious we may require additional information. If the disability is known, but the requested accommodation does not appear related to the disability, we will request only information necessary to evaluate the disability-related need for the accommodation. If neither the disability nor the relationship between the disability and the accommodation are clear, we will ask for proof of both. We will accept verification from a doctor, other medical professional or other qualified third-party who, in their professional capacity, has knowledge about the disability.

Alternative Accommodations: If the accommodation initially requested is determined not to be feasible or if more than one reasonable accommodation would fulfill the needs of the person with the disability, we will engage in a dialogue to identify alternatives that may be less costly or administratively burdensome.

Timeliness: We will evaluate each request on a case-by-case basis, in a timely and professional manner. A written response to your request will be provided within two weeks of receipt of verification.

PROCESS

1. Applicants and Participants complete a Reasonable Accommodation/Modification request form and return it to their Site Manager or staff at the Palm Beach County Housing Authority Main Office.
2. If the disability and/or the relationship between the disability and the requested accommodation/modification is not known, we may ask for a written statement from your health provider/practitioner verifying the disability and the disability-related need for the accommodation.
3. A written response to your request will be provided within two weeks of receipt of verification. Please note, we will attempt to contact your provider up to 3 times over a 10-day period.

(Please complete the form on the second page and submit to a PBCHA staff member)

NOTE: If assistance is required in completing this form, please advise a PBCHA staff member

Name of requestor: _____

Property: _____

Unit #: _____

I am requesting, on behalf of myself or a member of my household who is a minor, the following disability-related accommodation/modification (For definitions please see Reasonable Accommodation/Modification Request Policy & Process):

Check a box below and complete 1 & 2

Reasonable Accommodation or

Reasonable Modification

1. Do you consider yourself to be disabled? Yes No

2. Please describe how the request is necessary for your use and/or enjoyment of your housing:

If Third-Party verification is required, my signature authorizes my provider/practitioner to provide the information requested on the Third-Party Verification Form.

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, which 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.

Provider Name: _____

Provider Address: _____

Telephone: _____

Fax: _____

Applicant/Participant Signature

Date

The following statement must appear on all consent forms developed by owners: "Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper use of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208 (a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8)

MANAGEMENT ONLY

- The applicant/resident's disability is known or obvious to PBCHA staff (mobility, sensory or vision impairment or previously verified), and the relationship between the disability and the requested accommodation or modification is apparent; the request will be forwarded to the Management for review/approval.
- The applicant/resident's disability is known or obvious to PBCHA staff (mobility, sensory or vision impairment or previously verified) but the medical need for the accommodation is not. Before we can make a decision, we need third-party verification of the disability-related need for the accommodation or modification.
- The applicant/resident's disability is not known to PBCHA staff. We require third-party verification that the applicant/resident meets the definition of disabled and that there is a disability-related need for the accommodation or modification.

Staff Signature

Date

Staff Printed Name