

**NEWTON HOUSING AUTHORITY  
REASONABLE ACCOMMODATION POLICIES AND PROCEDURES**

**I. Definitions**

A reasonable accommodation is a change or waiver to policies, practices, procedures or services to allow persons with disabilities equal access and opportunity for all Newton Housing Authority programs. A reasonable accommodation request can only be denied if it causes an undue administrative and financial burden or changes the fundamental nature of Newton Housing Authority and its programs. Reasonable accommodation requests can be made by persons with disabilities or individuals associated with a person with a disability such as a family member or partner.

For purposes of this policy a person with a disability is an individual who has a physical and/or mental impairment that substantially limits one or more major life activities or has a history of such an impairment. Major life activities include but are not limited to self-care, performing manual tasks, walking, seeing, hearing, breathing, learning, thinking and working.

**II. Policy**

A person with a disability can request a reasonable accommodation to create equal access and opportunity for Newton Housing Authority programs. A limited list of reasonable accommodations examples are provided below:

1. An applicant/participant is having difficulty locating an apartment that is appropriate for his/her specific disability related needs therefore an extended search time is requested.
2. Program materials are needed in accessible formats such as large print due to low vision,
3. An applicant/participant who uses a wheelchair may request a home visit because of a lack of accessible transportation.
4. An applicant or client requests an additional bedroom due to a disability.
5. An applicant/participant is being denied rental assistance or being terminated from the program as a result of program violations when failure to comply is due to a disability.

**III. Procedure**

Reasonable accommodations can be made verbally, or the applicant/participant can choose to use the Newton Housing Authority Reasonable Accommodation form or a format of their own choosing. If the applicant/participant needs help with the reasonable accommodation request process, a Newton Housing Authority staff person will provide that assistance. All reasonable accommodations are kept confidential within Newton Housing Authority.

If the disability or the reason for the reasonable accommodation request is not apparent, Newton Housing Authority may ask the applicant/participant to provide documentation from their health care provider. The health care provider can choose to use Newton Housing Authority Reasonable Accommodation Health Care Provider form or use a format of their own choosing. All reasonable accommodation documentation submitted by the health care provider are kept confidential within Newton Housing Authority. The Fair Housing Manager at the Newton Housing Authority will, when possible, render a decision on a request for reasonable accommodations within fifteen (15) business days of the receipt of said request. In the event that additional documentation is required, the decision will be rendered within fifteen (15) business days after the receipt of all requested documentation.

#### IV. Reasonable Modifications

For requests involving a structural change to existing premises which is necessary to provide a person with a disability equal opportunity to use and enjoy a dwelling, including public and common use areas, the Newton Housing Authority's reasonable modification policies and procedures will be followed.

#### V. Implementation

1. A copy of this policy will be posted in all public and common use areas.
2. Copies of this policy and the Newton Housing Authority Reasonable Accommodation Request form will be provided to all applicants/participants.
3. Depending on the complexity of the reasonable accommodation or the individual Newton Housing Authority regulatory requirement(s), a decision may be granted verbally or in writing within 15 business days of such request or 15 business days after all documentation is provided.
4. Any denials or terminations will be in accordance with Newton Housing Authority's existing policies and funding agency regulatory requirements.
5. Denials of reasonable accommodation requests can be appealed by applicants and clients through the standard, Newton Housing Authority grievance procedures.
6. Technical assistance on reasonable accommodations can be requested of the Fair Housing Manager.

The Fair Housing Manager is Harvey Epstein, Executive Director of the Newton Housing Authority who can be reached at:

Newton Housing Authority

82 Lincoln Street

Newton Highlands, Massachusetts 02461

Telephone: (617)552-5501

#### VI. Event of Denial

In the event that the request for accommodations is denied, the Newton Housing Authority will discuss with the applicant whether there is an alternative accommodation which would be reasonable and would effectively address the persons disability related needs.

# Request for Reasonable Accommodation

The Fair Housing Act defines a person with a disability as (1) individuals with a physical or mental impairment that substantially limits one or more major life functions; (2) individuals who are regarded as having such an impairment; and (3) individuals with a record of such an impairment.

If you or a member of your household has a disability, you can ask for a reasonable accommodation if that accommodation is necessary because of your disability to provide you with an equal housing opportunity. A reasonable accommodation is a waiver or change in policies, procedures, practices or services to allow equal access and opportunity to Newton Housing Authority programs and services for a person with a disability. Reasonable accommodation requests can be denied if they cause an undue administrative and financial burden or change the basic nature of the program. If necessary, you may be asked to provide a letter from a health care provider which states that you are a person with a disability and that you need the reasonable accommodation. This documentation does not have to identify your disability or its severity.

Reasonable accommodations can be made verbally or you can choose to use this form or a format of your choosing. If you need help with this form, please ask a Newton Housing Authority staff person. All reasonable accommodations are kept confidential within the Newton Housing Authority.

If you or anyone in your family is a person with disabilities, and you require a specific accommodation in order to fully utilize our programs and services, please contact:

Harvey Epstein at the offices of the Newton Housing Authority, 82 Lincoln Street, Newton Highlands, MA 02461 or by telephone at (617) 552-5501.

I or someone in my family needs a reasonable accommodation (s). I request:

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_____	_____	_____
Printed Name	Signature	Date

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Address

Phone Number

Address

Phone Number

## LETTERHEAD OF HEALTH CARE PROVIDER

Date \_\_\_\_\_

Dear Fair Housing Manager, Newton Housing Authority:

At the request of (Client's Name) I am submitting this letter as the documentation for their reasonable accommodation request to you. I fully understand that this request is made under the Fair Housing Amendments Act of 1988 (FHAA). I also understand that under the FHAA Sec. 804, I as the health care provider, must only identify that they have a disability but not the nature or severity of such disability, and I must only indicate that because of this disability, the requested reasonable accommodation is necessary to provide an equal housing opportunity.

I therefore disclose with the full authorization of (Client's Name) the following:

1. In my opinion the Applicant or Tenant has a disability as defined below.

☐ YES Proceed to Question 2.

☐ NO Proceed to signature section.

- (A) A physical or mental impairment that substantially limits one or more major life activity; or
  - (B) A record of having such an impairment; or
  - (C) Is regarded as having such an impairment

2. In my professional opinion the person listed above

☐ Requires the changes to the policies, practices or procedures described on the enclosed request in order to have equal access to housing at this development as a result of his or her disability. Attached hereto find the said request which I have reviewed and initialed; or

☐ Requires the following changes to the policies, practices or procedures in order to have equal access to housing at this development as a result of his or her disability.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_; or

[ ] Does not require the requested change or any other change in order to have equal access to this housing development as a result of his or her disability; or

[ ] I am not able to verify that the enclosed request is necessary in order to have equal access to this housing development as a result of his or her disability.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Title \_\_\_\_\_ Organization \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_

#### CLIENT/PATIENT AUTHORIZATION

I hereby authorize the release of this requested information in regard to my eligibility and need for the reasonable accommodation I seek. I understand that this information will be kept confidential and will be used only for the purposes stated. This authorization shall expire 60 days after the date signed.

Signed \_\_\_\_\_ Date \_\_\_\_\_