

NEWTON HOUSING AUTHORITY REASONABLE MODIFICATION POLICIES AND PROCEDURES

I. Definitions

A reasonable modification is a modification involving a structural change to the premises in which the applicant resides, including public and common use areas, which is necessary to provide an individual with disabilities with equal housing opportunities. A reasonable modification request can only be denied if it causes an undue administrative and financial burden or changes the fundamental nature of the Newton Housing Authority and its programs. Reasonable modification 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 modification to create equal access and opportunity for Newton Housing Authority programs. A limited list of reasonable modifications examples are provided below:

1. Structural changes are needed to provide the applicant with access to living arrangements, programs, and safety features.
2. An applicant/participant who uses a wheelchair may request a roll in shower or entrances and exits which can be accessed by an individual using wheelchair transportation.
3. An applicant needs the installation of grab bars and other fixtures to enable them to safely use the premises and common areas.

III. Procedure

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

If the disability or the reason for the reasonable modification 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 Modification Health Care Provider form or use a format of their own choosing. All reasonable modification 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 modifications 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. The period of time required to complete a reasonable modification, if approved, will depend on the nature and extent of the modification requested.

VI. 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 Modification Request form will be provided to all applicants/participants.
3. Depending on the complexity of the reasonable modification 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 modification requests can be appealed by applicants and clients through the standard, Newton Housing Authority grievance procedures.
6. Technical assistance on reasonable modifications can be requested of the Fair Housing Manager.

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 modifications is denied, the Newton Housing Authority will discuss with the applicant whether there is an alternative modification which would be reasonable and would effectively address the persons disability related needs.

VII. Effect on Other Applicable Laws

Nothing in this Reasonable Modification Policy shall be construed to limit or invalidate any requirements which may apply to the Newton Housing Authority based on Section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act of 1990 (Titled II and III), the design and construction requirements of Title VIII of the Civil Rights Act of 1968 as amended, or applicable State law.

Request for Reasonable Modification

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 with a record of such an impairment; and (3) individuals who are regarded as having such an impairment.

If you or a member of your household has a disability, you can ask for a reasonable modification if that modification is necessary because of your disability to provide you with an equal housing opportunity. A reasonable modification is a modification involving a structural change to the premises in which you reside, including public and common use areas, which are necessary to provide an individual with disabilities with equal housing opportunities. Reasonable modification 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 modification. This documentation does not have to identify your disability or its severity.

Reasonable modification requests 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 modification requests 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 modification 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 modification. I request:

_____	_____	_____
Printed Name	Signature	Date
_____	_____	_____

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 modification 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 modification 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 unit or common area described on the enclosed request in order to have equal access to his or her apartment or the development's facilities 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 apartment or common areas in order to have equal access to his or her apartment or the developments facilities as a result of his or her disability. Please indicate, if known, where any specialized equipment may be obtained.

_____ ; or

☐ Does not require the requested change or any other change in order to have equal access to his or her apartment or the development's facilities as a result of his or her disability; or

☐ I am not able to verify that the enclosed request for changes to the unit or common area is necessary in order to have equal access to the apartment or the development's facilities as a result of the above named person's disability.

Signature _____ Date _____
Title _____ Organization _____
Address _____

CLIENT/PATIENT AUTHORIZATION

I hereby authorize the release of this requested information to verify my eligibility and need for the reasonable modification 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 _____