

**HOUSING AUTHORITY OF BALTIMORE CITY**  
**REASONABLE ACCOMMODATIONS POLICY AND PROCEDURES**

**TABLE OF CONTENTS**

**INTRODUCTION..... 1**

**PART A. POLICY..... 1**

**SECTION 1. DEFINITIONS. .... 1**

**SECTION 2. POLICY STATEMENT. .... 2**

**SECTION 3. PURPOSE..... 2**

**SECTION 4. AUTHORITY..... 2**

**SECTION 5. MONITORING AND ENFORCEMENT..... 3**

**SECTION 6. GENERAL PRINCIPLES FOR PROVIDING REASONABLE ACCOMMODATIONS..... 3**

**SECTION 7. AMENDMENT..... 4**

**SECTION 8. STAFF TRAINING..... 4**

**PART B. PROCEDURES..... 5**

**PROCEDURE #1 - COMMUNICATION WITH APPLICANTS AND RESIDENTS ..... 5**

**PROCEDURE #2 - SEQUENCE FOR MAKING DECISIONS ..... 6**

**PROCEDURE #3 - GUIDELINES FOR DETERMINING REASONABLENESS ..... 7**

**ATTACHMENTS TO PROCEDURES ..... 9**

**ATTACHMENT 1 -REQUEST FOR A REASONABLE ACCOMMODATION..... 9**

**ATTACHMENT 2 - REQUEST FOR INFORMATION OR VERIFICATION..... 9**

**ATTACHMENT 3 - LETTER DENYING REQUEST FOR REASONABLE ACCOMMODATIONS ..... 9**

**ATTACHMENT 4 - LETTER APPROVING REQUEST FOR REASONABLE ACCOMMODATIONS ..... 9**

**ATTACHMENT 5 - REQUEST FOR MEETING ..... 9**

**HOUSING AUTHORITY OF BALTIMORE CITY**  
**REASONABLE ACCOMMODATIONS POLICY**  
**AND**  
**PROCEDURES IN PUBLIC HOUSING**

**INTRODUCTION**

This Reasonable Accommodation Policy and Procedures, comprised of **Part A and Part B**, sets forth the policy and procedures of the Housing Authority of Baltimore City (“**HABC**”) in connection with making reasonable accommodations for qualified applicants or residents with disabilities for participation in HABC’s public housing programs and activities. A copy of this Reasonable Accommodation Policy and Procedures is posted in the HABC Offices of Housing Applications and Section 8, 300 Cathedral Street, Baltimore, Maryland 21201, 410-396-4046 , and the Management Office at each public housing development. Additionally, a copy of this Reasonable Accommodation Policy and Implementation Procedures may be obtained upon request from the HABC Fair Housing and Equal Opportunity Office, 417 E. Fayette Street, Suite 922, Baltimore, Maryland 21202, 410-396-3246.

**PART A. POLICY.**

**SECTION 1. DEFINITIONS.**

- 1.1. The term “**ADA**” shall mean the Americans with Disabilities Act.
- 1.2. The term “**FHA**” shall mean the Fair Housing Act of 1968.
- 1.3. The term “**HABC**” shall mean the Housing Authority of Baltimore City.
- 1.4. The phrase “**individual with disabilities**” shall have the same meaning as the term “individual with handicaps” under 24 C.F.R. §8.3, as follows:

**24 C.F.R. § 8.3. Definitions.**

.....  
“Individual with handicaps” means any person who has a physical or mental impairment that substantially limits one or more major life activities; has a record of such an impairment; or is regarded as having such an impairment.

- 1.5. The term “**Policy**” shall mean Part A of this Reasonable Accommodation Policy and Procedure, as adopted by the HABC Board of Commissioners, and as may be amended.
- 1.6. The term “**Procedures**” shall mean Part B of this Reasonable Accommodation Policy and Procedure, as may be revised from time to time.
- 1.7. The term “**reasonable accommodation**” means a modification or change in HABC’s rules, policies, practices, or services, that will provide the opportunity to participate in

HABC's programs and services and to meet HABC's essential requirements of tenancy to an otherwise eligible individual with a disability.

**SECTION 2. POLICY STATEMENT.**

HABC is committed to ensuring that its policies and practices do not deny individuals with disabilities the opportunity to participate in, or benefit from, nor otherwise discriminate against individuals with disabilities in connection with, the operation of HABC's housing services or programs, solely on the basis of such disabilities. Therefore, if an individual with a disability requires an accommodation, such as an accessible feature or modification to HABC policy, HABC will provide such accommodation, unless doing so would result in a fundamental alteration in the nature of the program or an undue financial or administrative burden. In such a case, HABC will make another accommodation that would not result in a financial or administrative burden.

**SECTION 3. PURPOSE.**

This Policy is intended to:

- communicate HABC's position regarding reasonable accommodations for persons with disabilities in connection with the agency's housing programs services, and policies;
- establish a procedural guide for implementing such Policy; and
- comply with applicable federal, state and local laws to ensure accessibility for persons with disabilities to housing programs, benefits and services administered by HABC.

**SECTION 4. AUTHORITY.**

The requirements of this Policy are based upon the following statutes or regulations:

- Section 504 of the Rehabilitation Act of 1973, as amended ("Section 504") prohibits discrimination on the basis of disability status and states that:  

"No qualified individual with handicaps shall, solely on the basis of handicap be excluded from participation in, be denied the benefits of, or otherwise be subjected to discrimination under any program or activity that receives Federal financial assistance from the Department";
- The Fair Housing Act ("FHA") prohibits discrimination in the sale, rental and financing of dwellings. The FHA requires reasonable accommodations in rules,

- policies, practices, services and reasonable modifications to dwelling units and public common areas;
- Title II of the Americans With Disabilities Act (“**ADA**”), prohibits 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
  - Part 8, of Code of Federal Regulations, Title 24, Housing and Urban Development, entitled Non-Discrimination Based On Handicap In Federally Assisted Programs and Activities of the Department of Housing and Urban Development applies to recipients of federal funds and implements the requirements of the Rehabilitation Act.

#### **SECTION 5. MONITORING AND ENFORCEMENT.**

The HABC Fair Housing and Equal Opportunity Office (“**FH&EO Office**”) is responsible for monitoring HABC’s compliance with, and enforcing the requirements under this Policy. Questions regarding this Policy, its interpretation or implementation should be made by contacting the HABC FH&EO Office in writing, or in person by appointment, at 417 E. Fayette Street, Suite 922, Baltimore, Maryland 21202; or by calling the Office at 410-393-3246. The FH&EO Office may require the submission of data from HABC public housing developments and field offices in order to evaluate and document HABC’s compliance with this Policy.

#### **SECTION 6. GENERAL PRINCIPLES FOR PROVIDING REASONABLE ACCOMMODATIONS.**

Listed below are the general principles which provide a foundation for the Policy and which HABC staff should apply when responding to requests for reasonable accommodations within all HABC housing programs:

- 6.1 It is presumed that the individual with a disability is usually knowledgeable of the appropriate types of, and methods for providing, reasonable accommodations needed when making a request. However, HABC reserves the right to investigate and offer equally effective alternatives to the requested accommodation, and/or alternative methods for providing the requested accommodation.
- 6.2. The procedure for evaluation and responding to requests for a reasonable accommodation relies on a cooperative relationship between HABC and the applicant/resident. The process is **NOT** adversarial.
- 6.3. HABC shall inform all applicants and residents of alternative forms of communication. The Request Form is designed to assist HABC and our applicants/residents. If an applicant/ resident does not, or can not use the Request

Form, HABC will still respond to the request for an accommodation. The applicant/resident may also request assistance with the Request Form or such applicant/resident may request that the Request Form be provided in an equally effective format or means of communication.

**Example(s):** Some examples of alternative equally effective forms of communication are include the following: Qualified interpreters, printed material, telecommunications devices for deaf persons (TDD's), Maryland Relay System, or other aurally delivered materials available to persons with hearing impairments. Qualified readers, taped texts audio recordings, Brailled materials, large print materials, or other effective methods of making visually delivered materials available to individuals with visual impairments.

- 6.4. If the accommodation is reasonable (see Procedures 3 below), HABC will grant it.
- 6.5. In accordance with Procedure 3 (below), , HABC will grant the request for a reasonable accommodation only to the extent that an undue financial and administrative burden is not created thereby.
- 6.6. 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.
- 6.7. Any required meetings with a person with a disability will be held in an accessible location.

#### **SECTION 7. AMENDMENT.**

- 7.1. Policy. The Policy may be amended only by resolution of the Board of Commissioners.
- 7.2. Procedures. The Procedures may be amended within the scope of the Policy by the Executive Director of HABC.
- 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 Special Assistant to the Commissioner for the FH&EO Office will ensure that training sessions are held at least annually concerning the Policy and the Procedures and all applicable federal, state and local requirements regarding reasonable accommodations.

## **PART B. PROCEDURES.**

### **PROCEDURE #1 - COMMUNICATION WITH APPLICANTS AND RESIDENTS**

1. At the time of application, all applicants must be provided with the Request for Reasonable Accommodation Form (the “**Request Form**”) (copy of which is affixed hereto as **Attachment 1**), or, upon the applicant’s request, the Request Form must be provided in an equally effective format.
2. HABC Residents seeking accommodations may contact the housing management office located within their housing development or the management office for their scattered site residence. Residents may also contact the FH&EO office directly to request the accommodation.
3. HABC is responsible for informing all residents that a request may be submitted for reasonable accommodations for an individual with a disability. All residents will be provided the Request Form when requesting a reasonable accommodation. However, a resident may submit the request in writing, orally, or use an other equally effective means of communication to request the accommodation. Upon receiving the request, housing management and/or the FH&EO office will respond to the request within twenty (20) business days<sup>1</sup>. 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 affixed hereto as **Attachment 2**. A submission date should be specified in the Request for Information so as not to delay HABC’s review of the request. “
4. HABC will consent to or deny the request within thirty (30) business days after receiving all needed information and documentation from the resident. All decisions to grant or deny reasonable accommodations will be communicated in writing or if required, in an alternative format in order to communicate the decision to the applicant/resident. Exceptions to the 30 business day period for notification of HABC’s decision on the request should be provided to the resident in writing setting forth the reasons for the delay. A copy each of the **Letter Denying Request for Reasonable Accommodations** and the **Letter Approving Request for Reasonable Accommodations** are affixed hereto as **Attachment 3** and **Attachment 4**, respectively.
5. HABC will maintain at its Housing Admissions Office; Management Offices; and Central Office written materials which summarizes this Policy and highlights the procedures for making a request for reasonable accommodations.

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<sup>1</sup> The term “**business days**” shall mean those days of the week, excluding Saturdays, Sundays and holidays observed by HABC

**PROCEDURE #2 - SEQUENCE FOR MAKING DECISIONS**

1. Is the applicant/resident a qualified “individual with a disability”?
    - (a) If **NO**, we are not obligated to make a reasonable accommodation; therefore, we may deny the request.
    - (b) If **YES**, go to Step 2.
    - (c) If more information is needed, either write for more information using the standard *Request for Information* letter, or request a meeting using the standard *Request for Meeting* letter. (A copy of the Request for Meeting letter is affixed hereto as **Attachment 5**).
  
  2. Is the requested accommodation related to the disability?
    - (a) If **NO**, we are not obligated to make the accommodation; therefore, we may deny the request.
    - (b) If **YES**, go to step 3.
    - (c) If more information is needed, either write for more information using the *Request for Information* Letter, or request a meeting using the *Request for Meeting* Letter.
  
  3. Is the requested accommodation reasonable? This determination will be made by following Procedure #3 - Guidelines for Determining Reasonableness.
    - (a) If **YES**, we will approve the request for reasonable accommodation. A written description of the accommodation will be prepared and included in the Letter Approving *Request for Reasonable Accommodations* .
    - (b) If **NO**, we may deny the request. Submit the denial using the Letter Denying *Request for Reasonable Accommodations* .
    - (c) If more information is needed, either write for more information using the Letter Approving *Request for Reasonable Accommodations* , or request a meeting using the *Request for Meeting* Letter.
-

**PROCEDURE #3 - GUIDELINES FOR DETERMINING REASONABLENESS**

1. In accordance with Policy Principle 6.1, HABC will consider the requested method for providing reasonable accommodations for an individual with a disability. However, HABC is required to evaluate the requested method and may require the individual with a disability to provide further information to demonstrate the need for the requested accommodation to enable access to and use of the housing program. Additionally, HABC may offer equally effective alternatives to the requested accommodation, and/or alternative methods for providing the requested accommodation.
2. Requests for reasonable accommodations will be considered on a case-by-case basis. Decisions regarding reasonable accommodations will be made in compliance with all applicable accessibility laws and requirements. Additionally, in those circumstances where HABC deems that a proposed reasonable accommodation would fundamentally alter the service, program, or activity, or would result in undue financial and administrative burdens, HABC has the burden of proving such result(s).
3. The responsibility for the decision that a proposed reasonable accommodation 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, HABC shall propose any other action that will not result in or require an alteration or burden.
4. Live-in-Aides. In some cases, an individual with a disability may require a live-in-aide. In accordance with the provisions of the HABC dwelling lease, HABC may permit a live-in to reside in the dwelling unit to assist a individual with a disability. A live-in-aide means a person (a) determined by HABC to be essential to the care and well being of a family member with a disability; (b) is not obligated to support the family member; and (c) would not be living in the unit except to provide the supportive services. A live-in-aide would not be required to share a bedroom with another member of the household [see 24 CFR 966.4(d)(3)]. Prior to granting permission, the live-in aide must submit to a criminal background check in accordance with HABC's policies and procedures. Additionally, medical verification of the need for a live-in aide is required., and the following factors will be considered by HABC in determining whether to approve a live-in aide:
  - (1) whether the addition of a new occupant would create a situation of overcrowding in the dwelling unit, thereby requiring a transfer to another dwelling unit;
  - (2) the availability of an appropriate dwelling unit; and/or
  - (3) HABC's obligation to make reasonable accommodation for persons with disabilities.

5. Verification. The PHA may verify a person's disability only to the extent necessary to ensure that applicants are qualified for the housing for which they are applying; that applicants are qualified for deductions used in determining adjusted income; that applicants are entitled to any preference they may claim; and that applicants who have requested a reasonable accommodation have a need for the requested accommodation. A PHA may not require applicants to provide access to confidential medical records in order to verify a disability nor may a PHA require specific details as to the disability. A PHA may require documentation of the manifestation of the disability that causes a need for a specific accommodation or accessible unit. A PHA may not ask what the specific disability is.

**ATTACHMENTS TO PROCEDURES**

**ATTACHMENT 1 -REQUEST FOR A REASONABLE ACCOMMODATION**

**ATTACHMENT 2 - REQUEST FOR INFORMATION OR VERIFICATION**

**ATTACHMENT 3 - LETTER DENYING REQUEST FOR REASONABLE ACCOMMODATIONS**

**ATTACHMENT 4 - LETTER APPROVING REQUEST FOR REASONABLE ACCOMMODATIONS**

**ATTACHMENT 5 - REQUEST FOR MEETING**

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## REQUEST FOR A REASONABLE ACCOMMODATION

**[Our return address - Example: Housing Application Office, Housing Management Office, Fair Housing Office]**

If you need:

- a change in our policies or procedures
- a repair or change in your apartment
- a repair or change to some other part of the property
- a change in the way we communicate with you

because of a disability, you may ask for this change, which is called a “reasonable accommodation.”

If your request is reasonable, if it is not too expensive, and if it is not too difficult to arrange, we will try to make the changes you need.

We will make every effort to render a decision within thirty (30) business days.

We will let you know if we need more information or verification from you or if we would like to discuss other ways of meeting your needs.

If we turn down your request, we will explain our decision, and you may give us additional information.

Please advise us if you need help in using the form, or if you wish to receive this Request Form in an alternative format to meet your communication needs.

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**REQUEST FOR A REASONABLE ACCOMMODATION**

The following member of my household has a disability:

Please provide this reasonable accommodation (specify accommodation(s)):

I need this reasonable accommodation because:

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

Name: \_\_\_\_\_

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

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

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**REQUEST FOR INFORMATION OR VERIFICATION**

**[Our return address - Example: Housing Application Office, Housing Management Office, Fair Housing Office]**

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

To: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dear Applicant or Resident:

We have received your Request for a Reasonable Accommodation. We need to know more about [issue, simply and clearly stated] before we can decide.

We need to know more because [reason, simple and clearly stated].

You can give us more information by [acceptable methods of verification]. If this is a problem for you, other ways of providing the information may also be acceptable.

We will not make a decision 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 [our telephone number]. Please call if you have any other questions.

[signature and closing]

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**DENIAL OF REQUEST FOR REASONABLE ACCOMMODATION**

**[Our return address - Example: Housing Application Office, Housing Management Office, Fair Housing Office]**

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

To: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dear Applicant or Resident:

You requested the following change or accommodation [describe request]. We have attached a copy of your request form. We have **denied** your request because:

- You do not meet the definition of an individual with handicaps and we are not required to provide a reasonable accommodation.
- We think the accommodation you requested is not reasonable because we have decided:

You do not need this accommodation in order to enjoy or participate equally in our housing.

It will create undue financial and administrative burdens for us.

It will change the fundamental nature of our program.

We have decided this because [give reasons, in clear and simple language].

We relied on these facts to deny your request [give facts, in clear and simple language].

To make this decision we [tell what documents or records we reviewed, tell which people we spoke with, describe other aspects of our investigation process].

If you disagree with our decision, you may contact the Fair Housing and Equal Opportunity (FH&EO) Office at 410-396-3246. The FH&EO Office is located at 417 E. Fayette Street, Suite 922, Baltimore, Maryland 21202. You may also contact the following agencies:

Baltimore Neighborhoods, Inc. 2217 St. Paul Street Baltimore, MD 21218 Telephone: 410-243-4400	Maryland Commission on Human Relations 6 St. Paul Street 9 <sup>th</sup> Floor Baltimore, MD 21202 Telephone: 410-767-8600
U.S. Department of Housing and Urban Development 10 South Howard Street Baltimore, MD 21201 Telephone: 410-962-2520 ext. 3056	Baltimore Community Relations Commission 10 N. Calvert St. Suite 915 Baltimore, MD 21202 Telephone: 410-396-3141

[signature and closing]

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**APPROVAL OF REQUEST FOR A REASONABLE ACCOMMODATION**

**[Our return address - Example: Housing Application Office, Housing Management Office, Fair Housing Office]**

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

To: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dear Applicant or Resident:

We have approved your request for the following change or reasonable accommodation [description]:

- We can provide you with this accommodation by [date].
- To make the change you requested, we must have three bids and then arrange installation. This is why we are not able to provide you with the accommodation immediately.
- [other reason for delay].

Please call us at [our telephone number] if you have any questions.

If you think this change or reasonable accommodation is not what you requested, if it is not acceptable, or if you object to the amount of time it will take to provide it, you may contact the Fair Housing and Equal Opportunity (FH&EO) Office at 410-396-3246. The FH&EO Office is located at 417 E. Fayette Street, Suite 922, Baltimore, Maryland 21202. You may also contact the following agencies:

Baltimore Neighborhoods, Inc. 2217 St. Paul Street Baltimore, MD 21218 Telephone: 410-243-4400	Maryland Commission on Human Relations 6 St. Paul Street 9 <sup>th</sup> Floor Baltimore, MD 21202 Telephone: 410-767-8600
U.S. Department of Housing and Urban Development 10 South Howard Street Baltimore, MD 21201 Telephone: 410-962-2520 ext. 3056	Baltimore Community Relations Commission 10 N. Calvert St. Suite 915 Baltimore, MD 21202 Telephone: 410-396-3141

[signature and closing]

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## REQUEST FOR A MEETING

**[Our return address- Example: Housing Application Office, Housing Management Office, Fair Housing Office]**

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

To: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dear Applicant or Resident:

We have received your request for a reasonable accommodation. It would help us make our decision if we could meet with you. You may bring someone to assist you with the meeting.

We would like to meet on [date, time, place]. If you cannot come at that time, please call us at [our telephone number].

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 give us.

We look forward to meeting with you.

[signature and closing]