



**DISABILITY ACCOMMODATIONS & MODIFICATIONS POLICY AND PROCEDURES**

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## **POLICY STATEMENT**

The Housing Authority of the City of El Paso (HACEP) will ensure that individuals with disabilities are not discriminated against on the basis of disability in connection with the operations of its programs, services and activities. HACEP will provide reasonable accommodations or modifications to qualified persons upon request, unless doing so would result in a fundamental alteration in the nature of the program or an undue financial and administrative burden.

A copy of this *Disability Accommodations & Modifications Policy and Procedures* (hereafter the “Policy”) is available at the Housing Authority of the City of El Paso Administrative Offices located at 5300 E. Paisano Dr. El Paso Texas 79905 and at the management office in each public housing development. A copy of this Policy may be obtained from a property manager or the Housing Authority Administrative Office in an alternate format or in Spanish.

Public Housing applicants will be provided with a copy of HACEP’s *Notice Regarding Reasonable Accommodations (Attachment 1)*. HACEP will work with local disability agencies and the disability community to assure that information regarding the availability of accessible units reaches eligible individuals with disabilities.

### **1. LEGAL AUTHORITY<sup>1</sup>**

This Policy is intended to ensure compliance with:

- Section 504 of the Rehabilitation Act of 1973 (Section 504);
- Title II of the Americans with Disabilities Act of 1990 (ADA);
- The Fair Housing Act of 1968 (Fair Housing Act);
- The Architectural Barriers Act of 1968; and
- Code of Federal Regulations Title 24, Part 8 (24 CFR 8.1, et seq.); Title 24, Part 100, Subpart D (24 CFR 100.200-205)

### **2. HACEP MONITORING**

The Equal Opportunity Compliance Officer (the EOC Officer) is responsible for monitoring compliance with this Policy. The EOC Officer is available to applicants, residents, program participants and staff to discuss issues and questions regarding this policy, its interpretation or implementation. The EOC Officer may be contacted at:

Housing Authority of the City of El Paso  
5300 E. Paisano Dr.  
El Paso, Texas 79905  
Attn: Equal Opportunity Compliance Officer  
(915) 849-3820

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<sup>1</sup> This policy is not intended to summarize all of the requirements of the laws and regulations governing disability accommodations. Reference to the statutes, regulations and case law may be necessary to answer questions concerning reasonable accommodations and modifications for persons with disabilities.

Other resources for answering questions concerning disability accommodations include:

*Joint Statement of the Department of Housing and Urban Development and the Department of Justice – Reasonable Modifications Under the Fair Housing Act*, March 5, 2008

Fair Housing and Equal Opportunity, *People with Disabilities*, <http://www.hud.gov/offices/fneo/disabilities/sect504faq.cfm>

Housing Law Bulletin, *Increasing the Usability of Housing Choice Vouchers for People with Disabilities*, by Michael Allen, Bazelon Center for Mental Health Law [www.bazelon.org/issues/housing/index.htm](http://www.bazelon.org/issues/housing/index.htm)

*Fair Housing Information Sheet #2: Structural Modifications in Public and Section 8 Housing*, Bazelon Center for Mental Health Law [www.bazelon.org/](http://www.bazelon.org/)

HUD Notice PIH 2006-13 (HA), Non-Discrimination and Accessibility for Persons with Disabilities.

<http://search.hud.gov/search/?q=cache:WZO1Xqi7JmAJ:www.hud.gov/offices/adm/hudclips>

### **3. DEFINITIONS**

- 4.1.1. An "individual with a disability" is a person with a physical or mental impairment that substantially limits a major life activity (as those terms are further described below), a person with a record of such impairment, or a person who is regarded as having such impairment.
- 4.1.2. Any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems: neurological; musculoskeletal; special sense organs; respiratory, including speech organs; cardiovascular; reproductive; digestive; genitourinary; hemic and lymphatic; skin; and endocrine; or
- 4.1.3. Any mental or psychological disorder, such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities. The term "physical or mental impairment" includes, but is not limited to, such diseases and conditions as orthopedic, visual, speech, and hearing impairments, cerebral palsy, autism, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, mental retardation, emotional illness, drug addiction and alcoholism.
- 4.1.4. The definition of disability does not include any individual whose current use of alcohol or drugs prevents the individual from participating in the public housing program, activities, or other housing programs or whose participation, by reason of such current alcohol or drug abuse, would constitute a direct threat to property or the safety of others.
- 4.2. "Major life activities" are functions such as caring for oneself, performing manual tasks, walking, seeing, hearing, speaking, breathing and learning and working.
- 4.2.1. The term "major life activities" is broadly construed. It includes, but is not limited to, caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, and working. It also includes the operation of a major bodily function, including but not limited to, functions of the immune system, normal cell growth, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine, and reproductive functions.
- 4.2.2. In determining whether or not an impairment substantially limits a major life activity, the term "substantially limits":
- Is assessed without considering mitigating measures such as: medication, medical supplies, equipment, or appliances, low-vision devices (which do not include ordinary eyeglasses or contact lenses), prosthetics including limbs and devices, hearing aids and cochlear implants or other implantable hearing devices, mobility devices, or oxygen therapy equipment and supplies; the use of assistive technology; reasonable accommodations or auxiliary aids or services; or learned behavioral or adaptive neurological modifications.
  - Is assessed, for impairments that are episodic or in remission, in its active state.
  - Is construed in favor of the broadest possible coverage consistent with the terminology.
- 4.3. The Equal Opportunity Compliance Officer (EOC Officer) is responsible for ensuring that HACEP's programs, services and activities meet the requirements of Section 504, the Fair Housing Act, the Americans with Disabilities Act, and other applicable disability-related laws. The EOC Officer will manage the implementation, evaluation, and maintenance of the Policy as well as oversee all reasonable accommodation and modification requests and grievance procedures to effect due process standards and prompt and equitable resolutions of complaints.

- 4.4. A “reasonable accommodation” is defined as a change, modification, alteration or adaptation in policy, procedure, practice, program, or facility that is necessary for an individual with a disability to have an opportunity to participate in, and benefit from, a program or activity.
- 4.5. A “reasonable modification” is a structural change made to existing premises necessary for a qualified individual with a disability to have the opportunity to participate in, and benefit from, a program or activity. This structural change does not necessarily imply that the entire unit will be modified to conform to the Uniform Federal Accessibility Standards (UFAS); the “modified” feature itself may not conform to the UFAS. Instead, the unit will be made “usable” to allow the qualified individual with a disability to have opportunity to participate in, and benefit from a program or activity.

#### **4. REASONABLE ACCOMMODATION/MODIFICATION**

An individual with a disability or someone acting on behalf of the individual (hereafter “representative”) may request a reasonable accommodation/modification at any time during the application process, residency in Public Housing or eviction process. The individual with a disability or representative may submit all requests in writing, orally, or by any other equally effective means of communication. If the individual with a disability or representative is unable to submit the request in writing, HACEP will assist the individual or representative in reducing the request to written form. Reasonable accommodation/modification methods or actions that may be appropriate for a particular individual may be found to be inappropriate for another individual. Decisions to approve or deny requests for reasonable accommodations/modifications shall be made on a case-by-case basis. The disability and needs of the individual with the disability, as well as the nature of the program or activity in which the individual seeks to participate shall be taken into consideration when rendering a decision.

#### **5. EXAMPLES OF REASONABLE ACCOMMODATIONS/MODIFICATIONS**

Examples of reasonable accommodations may include, but are not limited to:

- 5.1. Making an offer to transfer a resident with a disability to a comparable, appropriately sized housing unit with the required accessibility features;
- 5.2. Permitting a family to have an assistance animal necessary to assist a household member with a disability;
- 5.3. Approving a live-in aide for a resident or program participant with a disability to reside in an appropriately sized housing unit;
- 5.4. Transferring a resident with a disability who is participating in the Public Housing Program to a street level unit or a housing unit that is completely on one level;
- 5.5. Making documents available in larger type, electronic format or Braille;
- 5.6. Providing qualified sign language interpreters for applicant, resident or program participant in meetings with the staff, at Resident Council meetings, or meetings of the Board of Commissioners;
- 5.7. Permitting an outside agency or family member to assist an applicant, resident or program participant with a disability in meeting screening criteria or meeting essential lease obligations;

Examples of reasonable modifications may include, but are not limited to:

- 6.1.1. Replacing doorknobs with levers;

- 6.2.2. Making a housing unit, part of a housing unit, or public and common use areas accessible for an individual with a disability;
- 6.3.3. Installing a ramp to allow access to a housing unit;
- 6.4.4. Installing grab bars in the restroom;
- 6.5.5. Widening doorways to make rooms more accessible to persons who use wheelchairs;
- 6.6.6. Removing carpeting to make a housing unit more accessible to an individual with a mobility-related disability;
- 6.6.7. Installing strobe-type flashing lights and other such emergency equipment for a household member with a hearing impairment.

## **6. POLICY APPLICATION**

This Policy applies to individuals with disabilities participating in the following programs provided by HACEP:

- Applicants for Public Housing;
- Residents of Public Housing developments; and
- Participants in all other programs or activities receiving federal financial assistance that are conducted or sponsored by HACEP, its agents or contractors including all non-housing facilities and common areas owned or operated by HACEP.

## **7. REQUESTS FOR REASONABLE ACCOMMODATIONS/MODIFICATIONS**

Individuals with disabilities or their representative may submit reasonable accommodation/modification requests to a HACEP Property Manager or the EOC Officer in writing, orally or by any other equally effective means of communication. HACEP will provide a *Request for Reasonable Accommodation/Modification form (Attachment 2)* to all applicants, residents and representatives who request a reasonable accommodation/modification and will ensure that all requests are reduced to writing. In addition, HACEP will:

- 7.1. Provide all applicants the *Request for Reasonable Accommodation/Modification form* (hereafter the *Request Form*) with the application for housing. The *Request Form* will be provided in an alternative format or in Spanish, upon request.
- 7.2. Provide all residents with disabilities the *Request Form* during the annual re-certification, and upon request. HACEP will provide the *Request Form* in an alternate form or in Spanish.
- 7.3. Engage in an “interactive process” of communication with those requesting disability accommodations/modifications to discuss the particular one requested, and if necessary, alternative accommodations/modifications that ensure accessibility.
- 7.4. Provide reasonable accommodations for applicants with disabilities during the housing application process. All applications shall be taken in an accessible location and will be made available in accessible formats or in Spanish. Individuals with disabilities will be provided the appropriate auxiliary aides and services, including qualified sign language interpreters and readers (upon request) during the housing application process. In order to ensure appropriate service, advanced notice may be required.

## **8. TRANSFER AS A REASONABLE ACCOMMODATION**

When a Public Housing resident or their representative requests a reasonable modification, HACEP may offer the resident the opportunity to transfer to another available, comparable, appropriately-sized unit with the required disability-specific accessibility features as a reasonable accommodation. If a resident or their representative rejects the offer of a transfer to an accessible unit, HACEP may, at the request of the resident or representative, re-evaluate the feasibility of making modifications to the resident's current unit that are necessary to provide accessibility.

To maximize the use of accessible units by eligible persons whose disability requires the accessibility features, HACEP will offer accessible units:

First, to a current qualified resident in the same project who is currently residing in a non-accessible unit in the same project or a comparable project and second, to a current qualified resident in a different project who is currently residing in a non-accessible unit and third, to the next qualified applicant on the waiting list whose disability requires the accessibility features of the unit. The lease of an accessible unit to a family where none of the members has a qualifying disability will require the family to move to a non-accessible unit to allow the accessible unit to be used by an individual with a disability.

HACEP will pay reasonable moving-related expenses or provide moving services for the family/resident with a disability into the accessible unit and/or any reasonable moving-related expenses of the resident/family without a disability who is required to move from an accessible unit.

## **9. PROCESSING REASONABLE ACCOMMODATION/MODIFICATION REQUESTS**

9.1. Within five (5) business days of receipt, the *Request Form* shall be forwarded to the EOC Officer. The EOC Officer will forward copies of the *Request Form* to the Director of Public Housing.

9.2. Within twenty (20) business days of receipt of a *Request Form*, the EOC Officer will respond to the resident's or representative's request. Response time will be reduced if health or safety is at risk.

9.3. HACEP will not ask for additional information if a person's disability and the need for the accommodation/modification are obvious or otherwise known. If the disability is known, but the need for the accommodation/modification is not known or readily apparent, only the information that is necessary to evaluate the disability-related need for the accommodation/modification will be requested.

9.4. If additional information or documentation is required, the EOC Officer will notify the resident or representative, in writing, of the need for the additional information or documentation and a reply date for the submission of the required information. This notification letter may also request the completion and submittal of the *Request Form* or the *Live-in Aide Agreement (Attachment 3)*.

A request will not be denied because of a lack of information or documentation. If the required information is not received, the EOC Officer will give notice to the individual with a disability or representative of the information required and a reply date for submission of the outstanding information or documentation. If the documentation is not provided by the reply date, the request's processing will be suspended until all documentation is received.

9.5. The EOC Officer may ask for permission to contact professionals named by the individual requesting the accommodation/modification or representative to verify the disability and the disability-related need for the requested accommodation/modification. If verification is not received, the EOC Officer will notify the individual or representative. HACEP will not request

medical records or information beyond what is necessary to determine that an applicant qualifies as a person with a disability, to determine the relationship between the requested accommodation/modification and individual's disability, and to determine the type of accommodation/modification needed. All such information will be kept confidential; only persons who will make or assess a decision about a reasonable accommodation/modification request will have access to such information.

- 9.6. The EOC Officer will give notice to individuals with a disability requesting reasonable accommodation/modification or representative if he receives information about the disability-related need for an accommodation/modification that does not support the need for the requested accommodation/modification. Additional documentation or information may be submitted within fourteen (14) business days of the notice date.
- 9.7. Within thirty (30) business days of receipt of the *Request Form* and all required supporting documentation, the EOC Officer will provide written notification to the applicant, resident, or representative of its decision to approve or deny the request. Response time will be reduced if health or safety is at risk. Please refer to form notification letters "*Approval of Public Housing Applicant's or Resident's Request for Reasonable Accommodation*" (Attachment 5), and "*Denial of Public Housing Applicant's or Resident's Request for Reasonable Accommodation.*" (Attachment 6). Upon request, the written notification will be provided in an alternate format or in Spanish.
- 9.8. If HACEP approves the accommodation/modification request, the resident or representative will be notified in writing of the projected date for implementation. All requests that have been approved by the EOC Officer will be forwarded to the appropriate HACEP personnel for implementation.
- 9.9. If the request for accommodation/modification is denied, the applicant, resident, or representative will be notified in writing of the reasons for denial. HACEP will engage in an "interactive process" with applicants or representatives to discuss if an alternative accommodation/modification is available that meet the needs of the person. If an alternative accommodation/modification is available, HACEP will offer the applicant, resident, or representative the alternative accommodation/modification and advise the applicant, resident, or representative of the anticipated time to provide this accommodation/modification. In order to accept this offer of an alternative accommodation/modification, the applicant, resident, or representative must sign the offer letter and send a copy of the signed letter to the EOC Officer within seven (7) business days of receipt of the offer.  
  
The notification of the denial will provide the resident or representative with information regarding HACEP's *Administrative Grievance Procedures* for purposes of appealing the denial of a request for an accommodation/modification.
- 9.10. If an applicant, resident, or representative with a disability makes an additional request for a different reasonable accommodation/modification, the additional request will be processed as an initial one.

## **10. VERIFICATION OF NEED FOR A REASONABLE ACCOMMODATION**

HACEP may request documentation to verify that the person requesting an accommodation/modification is an eligible person with a disability and such person has a disability-related need for the requested accommodation/modification. However, HACEP shall request only such documentation that is necessary to verify that the person requesting an accommodation/modification is a person with a disability and such person has a disability-related need for the requested

accommodation/modification. HACEP shall not require unnecessary information regarding the individual's disability, or medical records, or information that is not related to the disability or the need for an accommodation/modification.

The following are examples of persons who may provide verification that an individual qualifies as an individual with a disability and has the need for the requested accommodations/modifications:

- 10.1. Physician;
- 10.2. Licensed health professional;
- 10.3. Professional representing a social service agency;
- 10.4. Disability agency ; or
- 10.5. Educational entity.

HACEP will fairly evaluate the information received to determine eligibility and need for an accommodation/modification.

#### **11. DENIAL A OF REASONABLE ACCOMMODATION/MODIFICATION REQUEST**

Requested accommodations/modifications will not be approved if one of the following would occur as a result of the approval:

- 11.1. A violation of an applicable law;
- 11.2. A fundamental alteration in the nature of the public housing program;
- 11.3. An undue financial and administrative burden to HACEP;
- 11.4. A structurally impracticable alteration;
- 11.5. A housing unit alteration requiring the removal or alteration of a load-bearing structural member; or
- 11.6. An individual is not a qualified individual with a disability.

#### **12. ADMINISTRATIVE GRIEVANCE PROCEDURE**

A public housing applicant, resident, or representative may file a complaint in accordance with the *Administrative Grievance Procedure* following formal determination by the EOC Officer. The EOC Officer shall attend all grievance conferences and hearings and advise on HACEP's *Disability Accommodation Policy and Procedures* and HUD regulations.

An applicant, resident, or program participant may, at any time, exercise his or her right to appeal a HACEP decision through HUD or the United States Department of Justice. Individuals may contact HUD at:

U.S. Department of Housing and Urban Development  
801 Cherry Street, Unit #45, Suite 2500  
Fort Worth, Texas 76102  
(817) 978-5900  
1-888-560-8913  
TTY (817) 975-5595



**DISABILITY ACCOMMODATIONS POLICY AND PROCEDURES OF THE HOUSING  
AUTHORITY of the CITY of EL PASO**

**Attachments**

- Attachment 1: Notice Regarding Reasonable Accommodations & Modifications
- Attachment 2: Request for Reasonable Accommodation/Modification and Consent to Verify Information
- Attachment 3: Live-in Aide Agreement
- Attachment 4: Verification of Need for a Reasonable Accommodation/Modification
- Attachment 5: Letter Advising Applicants, Residents or Program Participants Requesting Reasonable Accommodation/Modification that the Information Received Does Not Support the Need for the Requested Accommodation/Modification
- Attachment 6: Approval of a Public Housing Applicant's or Resident's Request for a Reasonable Accommodation/Modification
- Attachment 7: Denial of a Public Housing Applicant's or Resident's Request for a Reasonable Accommodation/Modification

## ATTACHMENT 1

# NOTICE REGARDING REASONABLE ACCOMMODATIONS & MODIFICATIONS FOR PERSONS WITH DISABILITIES

*Upon request, this notice and the Reasonable Accommodation/Modification Policy & Procedures will be made available in an alternate format.*

The Housing Authority of the City of El Paso (HACEP) will ensure that individuals with disabilities are not discriminated against on the basis of disability in connection with the operation of its programs, services and activities. HACEP will provide reasonable accommodations or modifications to qualified persons upon request, unless doing so would result in a fundamental alteration in the nature of the program or an undue financial and administrative burden.

A copy of the *Disability Accommodations Policy and Procedures* (the Policy) is posted in Housing Authority of the City of El Paso Administrative Offices located at 5300 E. Paisano Dr. El Paso Texas 79905 and the management office in each public housing development. A copy of this Policy may be obtained from a property manager or the Housing Authority Administrative Office.

A reasonable accommodation is a change, modification, alteration or adaptation in policy, procedure, practice, program, or facility that gives an individual with a disability an equal opportunity to participate in and benefit from, a program or activity. The accommodation will be made, provided it does not pose an undue financial and administrative burden to HACEP or require a fundamental change in its program.

Examples of reasonable accommodation may include:

1. Making an offer to transfer a resident with a disability to a comparable, appropriately sized housing unit with the required accessibility features;
2. Permitting a family to have a service or assistance animal necessary to assist a household member with a disability;
3. Allowing a live-in aide for a resident or program participant with a disability to reside in an appropriately sized housing unit;
4. Transferring a family that is participating in the Public Housing program to a larger size housing unit in order to provide a separate bedroom for the resident with a disability;
5. Transferring a resident with a disability that is participating in the Public Housing Program to a street level unit or a housing unit that is completely on one level;
6. Making documents available in larger type, computer disc or Braille;
7. Providing qualified sign language interpreters for applicant, resident or program participant meetings with the staff, at Resident Council meetings, or meetings of the Board of Commissioners;
8. Permitting an outside agency or family member to assist an applicant, resident or program participant with a disability in meeting screening criteria or meeting essential lease obligations;

A reasonable modification is a structural modification that is made give a person with a disability the opportunity to participate in and benefit from, a program or activity. The modification will be made, provided it does not pose an undue financial and administrative burden to HACEP or require a fundamental change in its program.

Examples of reasonable modifications may include:

1. Replacing doorknobs with levers;
2. Making a housing unit, part of a housing unit or public and common use areas accessible for an individual with a disability;
3. Installing a ramp to allow access to a housing unit;
4. Installing grab bars in the restroom;
5. Widening doorways to make rooms more accessible to persons who use wheelchairs;
6. Installing strobe-type flashing lights and other such emergency equipment for a household member with a hearing impairment.

Residents with a disability requesting a reasonable accommodation/modification must fulfill their lease terms such as: paying rent, caring for their housing unit, reporting required information, not disturbing the neighbors, etc. with or without a reasonable accommodation.

Requests for a reasonable accommodation/modification may be made to the Property Manager or to the EOC Officer, at the Housing Authority of the City of El Paso, 5300 E. Paisano, El Paso, Texas 79905. The individual making the request will be provided with the *Request for Reasonable Accommodation/Modification* form which should be completed, signed and returned for processing. Assistance with completing this form is available from HACEP. Please contact the EOC Officer at

U.S. Department of Housing and Urban Development  
801 Cherry Street, Unit #45, Suite 2500  
Fort Worth, Texas 76102  
(817) 978-5900  
1-888-560-8913  
TTY (817) 975-5595

## ATTACHMENT 2

*Upon request, this Reasonable Accommodation Request Form will be made available in an alternate format.*

**PLEASE NOTE: WHILE YOU ARE NOT REQUIRED TO FILL OUT THIS FORM TO REQUEST AN ACCOMMODATION, WE APPRECIATE YOUR COOPERATION. THE USE OF THE FORM WILL HELP TO EXPEDITE YOUR REQUEST.**

### **REASONABLE ACCOMMODATION REQUEST FORM - APPLICANT**

**Instructions:** This form is to be filled out by either the disabled person in the household in need of a reasonable accommodation and/or accessible feature(s) or by a representative acting on the behalf of the disabled individual in need of such services. Please fill out all areas that apply.

Head of Household Name: \_\_\_\_\_

Head of Household Social Security Number: \_\_\_\_\_

Name of person requiring accommodation: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone number: \_\_\_\_\_ E-Mail: \_\_\_\_\_

1. I, or a member of my family (\_\_\_\_ Does/\_\_\_\_ Does Not) use a wheelchair. List the name(s) and age(s) of the family member(s) who use(s) wheelchair: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. I, or a member of my family require the following: (Choose as many as apply)

\_\_\_\_\_ A separate bedroom for  
a live-in aide

\_\_\_\_\_ A bedroom and/or bath  
on the 1<sup>st</sup> floor

\_\_\_\_\_ A flat unit

\_\_\_\_\_ A UFAS apartment (apartment  
with a fully accessible kitchen,  
bathroom, doors, light switches/  
other unit controls, and shelves)

\_\_\_\_\_ Features for the visually-impaired

\_\_\_\_\_ Features for the hearing-impaired

\_\_\_\_\_ An accessible ramp leading to the unit

\_\_\_\_\_ Other modifications to the unit

(Please List Other Modification(s) Needed): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. I, or a member of my family ( \_\_\_\_\_ Can \_\_\_\_\_ Cannot) use the stairs unassisted. HACEP can assist me or a member of my family to use the stairs by providing:

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4. I, or a member of my family ( \_\_\_\_\_ Does \_\_\_\_\_ Does Not) require the services of a live-in aide.

5. The name of the family member(s) in need of the features identified above is/are: \_\_\_\_\_

---

6. Please contact: \_\_\_\_\_ at phone number: \_\_\_\_\_ for more information regarding this request.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
HACEP Eligibility Department Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
HACEP Eligibility Department Printed Name

\_\_\_\_\_  
Date

-----  
**HACEP Management Staff Approval:**

\_\_\_\_\_  
Eligibility/Admissions Supervisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
EO Compliance Officer Signature

\_\_\_\_\_  
Date

AMP No: \_\_\_\_\_

T No: \_\_\_\_\_

Unit No: \_\_\_\_\_

**HACEP Management: This form must be completely filled out and returned to the Equal Housing Opportunity Compliance Officer not later than five (5) business days of the form being signed**

**ATTACHMENT 3**  
**LIVE-IN AIDE AGREEMENT**

*Upon request, this notice and the Reasonable Accommodation/Modification Policy & Procedures will be made available in an alternate format.*

Head of Household Name: \_\_\_\_\_

Head of Household Social Security Number: \_\_\_\_\_

A Live-in Aide is a person who lives in a housing unit with one or more individuals with disabilities, is necessary for the care of the individual with a disability, does not provide financial support for any of the household members, and lives in the housing unit only to provide the necessary supportive services.

I, (*Name of Head of Household*) \_\_\_\_\_, request approval for live-in-aide services provided by (*Name of Live-in Aide*) \_\_\_\_\_; Social Security number \_\_\_\_\_; and date of birth \_\_\_/\_\_\_/\_\_\_ for (*name of person requesting Live-in Aide*) \_\_\_\_\_.

The Head of Household and the Live-in Aide, as a condition of obtaining the HACEP's approval, acknowledge and agree to the following:

1. The addition of a Live-in Aide to the household must not create overcrowding in the existing housing unit, although a reasonable accommodation for a Public Housing resident with a disability may be to move the family to a larger unit.
2. The Live-in Aide must meet the same HACEP criminal background screening requirements as household members and must agree to provide all information HACEP requires to conduct a criminal background screening. The Live-in Aide may be denied permission to live in the housing unit based on the results of the background screening.
3. Third party verification of the disability-related need for a live-in aide must be provided to HACEP.
4. The Live-in Aide must be listed on the lease as a household member and shall not violate any provisions of the lease.
5. The Live-in Aide may remain in the housing unit only as long as the Live-in Aide is serving the household member requiring assistance. The Live-in Aide shall not have any rights to the housing unit. Upon the death of the household member requiring assistance, the Live-in Aide shall vacate the housing unit within fourteen (14) days.
6. Under unusual circumstances HACEP will approve a relative as a Live-in Aide. A relative that is a Live-in Aide must satisfy the definitions listed above. By signing this agreement a relative that is a live-in aide acknowledges they do not have any rights to the voucher or the housing unit as a family member.

Acknowledged and agreed this \_\_\_\_\_ day of \_\_\_\_\_ (*month*), 201\_\_ by:

Head of Household \_\_\_\_\_

Live-in Aide \_\_\_\_\_

Company providing the Live-in Aide service (If Applicable):

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

Phone number: \_\_\_\_\_ Fax number: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Disability-related need for a Live-in Aide verified by:

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

Phone number: \_\_\_\_\_ Fax number: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**ATTACHMENT 4**

**VERIFICATION OF NEED FOR A REASONABLE  
ACCOMMODATION/MODIFICATION**

*Upon request, this notice and the Reasonable Accommodation/Modification Policy & Procedures will be made available in an alternate format.*

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

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

Re: (name and address of individual with a disability) \_\_\_\_\_

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Enclosed is a signed Request for Reasonable Accommodation/Modification form explaining that the referenced individual with a disability may need the following accommodation/modification in order to have an opportunity to participate in the assisted housing program and activities.

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An "individual with a disability" is a person with a physical or mental impairment that substantially limits a major life activity (as those terms are further described below), a person with a record of such impairment, or a person who is regarded as having such an impairment. These include:

- Any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems: neurological; musculoskeletal; special sense organs; respiratory, including speech organs; cardiovascular; reproductive; digestive; genitourinary; hemic and lymphatic; skin; and endocrine; or
- Any mental or psychological disorder, such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities. The term "physical or mental impairment" includes, but is not limited to, such diseases and conditions as orthopedic, visual, speech, and hearing impairments, cerebral palsy, autism, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, mental retardation, emotional illness, drug addiction and alcoholism.

The definition of disability does not include any individual whose current use of alcohol or drugs that prevent the individual from participating in the public housing program or activities or other housing programs or whose participation, by reason of such current alcohol or drug abuse, would constitute a direct threat to the property or the safety of others.

"Major life activities" are functions such as caring for oneself, performing manual tasks, walking, seeing, hearing, speaking, breathing and learning and working. These include, but are not limited to:

- Caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, and working.
- It also includes the operation of a major bodily function, including but not limited to, functions of the immune system, normal cell growth, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine, and reproductive functions.

In determining whether or not an impairment substantially limits a major life activity, the term "substantially limits:" is assessed without considering mitigating measures such as:

- medication, medical supplies, equipment, or appliances, low-vision devices (which do not include ordinary eyeglasses or contact lenses), prosthetics including limbs and devices, hearing aids and



cochlear implants or other implantable hearing devices, mobility devices, or oxygen therapy equipment and supplies; the use of assistive technology; reasonable accommodations or auxiliary aids or services; or learned behavioral or adaptive neurological modifications.

- Is assessed, for impairments that are episodic or in remission, in its active state.
- Is construed in favor of the broadest possible coverage consistent with the terminology.

The accommodation/modification requested is: \_\_\_\_\_  
\_\_\_\_\_

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The attached form solely authorizes you to provide verification that is necessary to verify the following: (1) that the individual listed above meets the definition of an “Individual with a Disability”, as defined above; (2) A description of the needed reasonable accommodation(s)/modification(s); and (3) A description of the identifiable relationship between the individual’s disability(ies) and the requested reasonable accommodation(s)/modification(s). The Authorization does not permit you to disclose the individual’s medical records; nor does this authorize the release of detailed information about the nature or severity of the individual’s disability to the extent such information is not necessary to verify the above listed information.

Please complete the requested information listed below and return this form to:

Equal Opportunity Compliance Officer  
Housing Authority of the City of El Paso  
5300 E. Paisano Dr.  
El Paso, Texas 79905

If you have any questions about this request, please call me at (915) 849-3820

Sincerely,

\_\_\_\_\_  
Equal Opportunity Compliance Officer

### Verification of Need

Please check the (one) appropriate verification listed below:

- I verify that the individual referenced above is **not an individual with a disability.**
- I verify that the individual referenced above is **an individual with a disability** and the accommodation/modification listed above is necessary for him/her to participate in the housing program.
- I verify that the individual referenced above is **an individual with a disability, but the accommodation/modification listed above is not necessary for him/her to participate in the assisted housing program.** This individual needs the following accommodation/modification in order to participate in the assisted housing program: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone number: \_\_\_\_\_ Fax number: \_\_\_\_\_

**ATTACHMENT 5**

**LETTER ADVISING APPLICANTS, RESIDENTS, OR PROGRAM PARTICIPANTS REQUESTING REASONABLE ACCOMMODATION/MODIFICATION THAT INFORMATION RECEIVED DOES NOT SUPPORT THE NEED FOR THE REQUESTED ACCOMMODATION/MODIFICATION**

*Upon request, this notice and the Reasonable Accommodation/Modification Policy & Procedures will be made available in an alternate format.*

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

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

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

City, State Zip: \_\_\_\_\_

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

The Housing Authority of the City of El Paso (HACEP) is committed to ensuring that eligible individuals with disabilities receive the appropriate disability-related accommodation/modification. In verifying your eligibility for accommodation, HACEP has received the following information: \_\_\_\_\_

This information does not support the need for the requested reasonable accommodation/modification.

HACEP is providing you with the opportunity to present any or all of the following information that you would like to have considered regarding your request for accommodation/modification:

1. A written statement from you explaining your views with respect to HACEP's determination that the information it received does not support the need for the requested accommodation/modification;
2. All supplementary information regarding your request for accommodation/modification; and
3. All additional documentation about the need for accommodation/modification.

You must submit this information to the Equal Opportunity Compliance Officer, at the Housing Authority of the City of El Paso, 5300 E. Paisano Dr., El Paso, Texas 79905 or (915) 849-3820. All newly submitted information must be received within fourteen (14) calendar days from the date of this letter. Both current and new information presented by that time will be considered when reviewing your Request for Reasonable Accommodation for a final determination.

If you have any questions about this notification, please contact me at (915) 849-3820.

Sincerely,

\_\_\_\_\_  
Equal Opportunity Compliance Officer

**ATTACHMENT 6**

**APPROVAL OF A REASONABLE ACCOMMODATION/MODIFICATION  
REQUEST**

*Upon request, this notice and the Reasonable Accommodation/Modification Policy & Procedures  
will be made available in an alternate format.*

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

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

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

City, State Zip: \_\_\_\_\_

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

The Housing Authority of the City of El Paso received and approved your request for *(describe the  
accommodation/modification requested)*

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The Equal Opportunity Compliance Officer will contact you when he/she has sufficient information to  
provide you with an anticipated date on which this accommodation will be provided to you.

If you think this change or modification is not the accommodation/modification you requested, if this  
accommodation/modification is unacceptable, or if you object to the length of time it will take to provide  
your accommodation/modification, you may contact me at the Housing Authority of the City of El Paso,  
5300 E. Paisano Dr., El Paso, Texas 79905, or by phone at (915) 849-3820.

Sincerely,

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Equal Opportunity Compliance Officer

ATTACHMENT 7

**DENIAL OF A REASONABLE ACCOMMODATION/MODIFICATION REQUEST**

*Upon request, this notice and the Reasonable Accommodation/Modification Policy & Procedures will be made available in an alternate format.*

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

The Housing Authority of the City of El Paso (HACEP) received and reviewed your request for *(describe specific accommodation/modification requested)*:

\_\_\_\_\_. After a careful review of the documentation presented with your *Request for Reasonable Accommodation/Modification* form, HACEP has determined that the request is denied because:

- You do not meet the definition of an “individual with a disability” as defined in *Disability Accommodations/Modifications Policy and Procedures* (see attached Policy)
- The accommodation/modification you requested is not necessary for you to participate in a program or activity offered by HACEP.
- Your request does not involve a program or activity offered by HACEP and therefore you are not eligible for a disability-related reasonable accommodation/modification From HACEP.
- The requested accommodation would result in a fundamental alteration in the nature of our program for the following reason: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- The requested accommodation would result in an undue financial and administrative burden for HACEP for the following reason: \_\_\_\_\_  
\_\_\_\_\_

*(The following two paragraphs and the corresponding signature line are omitted if the first box is checked).*

Although we were unable to approve the specific reasonable accommodation/modification you requested, you may provide HACEP with an alternative request, or HACEP will provide the following alternative reasonable accommodation/modification:

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

HACEP anticipates the accommodation/modification can be provided to you on or about: *(date)* \_\_\_\_\_. **If you would like to accept this alternative accommodation/modification, please sign this letter on the line above your name at the bottom of the letter and within seven (7) business days of the date of this letter, send a copy of this letter to the Equal Opportunity Compliance Officer, Housing Authority of the City of El Paso, 5300 E. Paisano Dr., El Paso, Texas 79905.**

If you would like to meet to discuss this alternative accommodation/modification that may satisfy your need, please contact me at (915) 849-3820, to schedule a mutually convenient date and time for the meeting.

If you disagree with the decision please contact me at the Housing Authority of the City of El Paso, 5300 E. Paisano Dr., El Paso, Texas 79905, or by phone at (915) 849-3820. You may also request a grievance hearing (for Public Housing residents) within ten (10) business days of receipt of this letter in accordance with HACEP's Grievance Procedure.

In addition, you may exercise your right to appeal a Housing Authority of the City of El Paso decision through your local United States Department of Housing and Urban Development Office (HUD) or the United States Department of Justice. You may contact the Regional HUD office:

Fort Worth Regional Office of FHEO  
U.S. Department of Housing and Urban Development  
801 Cherry Street, 27th Floor  
P.O. Box 2905  
Fort Worth, Texas 76113-2905  
(817) 978-5900  
1-888-560-8913  
TTY (817) 975-5595

**I accept the accommodation offered by The Housing Authority of the City of El Paso.**

\_\_\_\_\_  
*Name*

\_\_\_\_\_  
*Date*

Sincerely,

\_\_\_\_\_  
Equal Opportunity Compliance Officer