

**MONTGOMERY HOUSING
AUTHORITY
504 REASONABLE ACCOMMODATION
HOUSING POLICY AND PROCEDURES
And
LIMITED ENGLISH PROFICIENT PLAN
(LEP PLAN)**

MONTGOMERY HOUSING AUTHORITY

504 REASONABLE ACCOMMODATION HOUSING POLICY AND PROCEDURES & LIMITED ENGLISH PROFICIENT PLAN (LEP PLAN)

POLICY STATEMENT

The Montgomery Housing Authority (“the Authority”), is dedicated to ensuring that individuals with disabilities are not discriminated against on the basis of disability, in connection with the operation of its programs, services and activities. Therefore, if an individual with a disability request an accommodation such as an accessible feature in a rental housing unit or a modification to the common area, the Authority will provide such accommodation 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 504 Reasonable Accommodation Housing Policy and Procedures (Policy) shall be posted in the Montgomery Housing Authority Central Administrative Office (Central Office), the management office in each public housing development and the Section 8 Management Office. In addition, individuals may obtain a copy of this Policy, upon request, from their public housing property manager or their Section 8 specialist; and/or the Central Office.

LEP PLAN STATEMENT

The Montgomery Housing Authority is committed to serving all of its public regardless of race, gender, religion, or national origin. The Authority may translate, contract a third party to translate, and/or use previously-translated vital documents. The Authority will determine whether to translate a document on a case by case basis, taking into consideration the notion of meaningful access as defined by federal guidance. The Authority will include on all documents the following “If the intended recipient is unable to understand this document, please contact the Montgomery Housing Authority immediately for hearing and/or speech assistance by dialing Telecommunications Relay Services for Individuals who are Deaf, Hard of Hearing, or for Speech Assistance (800) 548-2547 (V) (888) 229-5746 (Speech to Speech-English) (800) 548-2546 (TTY); 711 (TTY) (888) 260-9470 (Speech to Speech-Spanish)”.

Standard Operating Procedure(s):

The Authority will develop an LEP Standard Operating Procedure to formalize and standardize Montgomery Housing Authority interactions with LEP individuals and associated actions. Individuals who are visually, hearing, mentally or manually impaired may submit a request for an alternative communication (Appendix E) to the Public Housing Property Manager, Section 8 Housing Specialist or the Policy Administrator in writing, orally, or by any other equally effective means of communication.

Staff training:

The Authority will conduct internal training to prepare employees to effectively offer free language assistance in compliance with federal guidance, ensure employee familiarity with the Authority’s LEP policies and guidelines, and promote employee proficiency in documenting a client’s language needs.

MONTGOMERY HOUSING AUTHORITY

Conclusion:

The Authority is committed to taking reasonable steps to ensure access to its programs and activities by LEP persons.

The LEP Plan does not create a standard of care, a covenant of habitability or any rights to third parties or Montgomery Housing Authority clients. The Plan does not enlarge Montgomery Housing Authority's duty under any law, regulation or ordinance. In cases of conflict, the applicable law, regulation or ordinance shall prevail. The Plan is a general guideline as to a standard of care to which Montgomery Housing Authority aspires.

LEGAL AUTHORITY

This Policy is in compliance with the statutory authority listed below:

1. Section 504 of the Rehabilitation Act of 1973 (Section 504);
2. Section 223 of the Social Security Act;
3. Section 102 of the Developmental Disabilities Assistance and Bill of Rights Act;
4. 24 CFR Section 8 etc. (Code of Federal Regulations, Title 24 –Housing and Urban Development, Section 8);
5. Title II of the Americans with Disabilities Act of 1990 (ADA); and
6. The Fair Housing Act of 1968, as amended (Fair Housing Act).

STAFF TRAINING

The Section 504/ADA Coordinators will ensure that all appropriate Authority staff receive annual training on the Reasonable Accommodation Policy and Procedures, including all applicable Federal, state and local requirements regarding reasonable accommodation.

MONITORING

The staff is responsible for monitoring compliance with this Policy and is available to applicants, residents, and program participants for discussing issues and questions regarding this Policy, its interpretation or implementation. The current 504 Reasonable Accommodation Housing Policy Administrators are:

Melinda Dawkins	Cathy Harris
Public Housing	Section 8
Montgomery Housing Authority	Montgomery Housing Authority
Montgomery, AL 36104	Montgomery, AL 36104
(334) 206-7292	(334) 206-7170

Telecommunications Relay Services for Individuals who are Deaf, Hard of Hearing, or for Speech Assistance

(800) 548-2547 (V) (888) 229-5746 (Speech to Speech-English)
(800) 548-2546 (TTY); 711 (TTY) (888) 260-9470 (Speech to Speech-Spanish)

Each public housing applicant shall be provided with a copy of the Notice to Montgomery Housing Authority Public Housing Applicants and Residents Regarding Reasonable Accommodation (*see* Appendix A1). Each Section 8 applicant shall be provided with, a copy of the Notice to Montgomery Housing Authority Section 8 Applicants and Residents Regarding Reasonable Accommodation (*see* Appendix A2). Each public housing resident shall be provided with a copy of the Notice of Reasonable Accommodations for Residents with Disabilities for housed development at each

MONTGOMERY HOUSING AUTHORITY

certification process. (Appendix C # 1) Each Section 8 resident shall be provided with a copy of the Notice of Reasonable Accommodations for Section 8 Residents with Disabilities at each certification process. (Appendix C # 2) These notices shall be posted at all times in the Central Office and a copy of the appropriate notice will be posted in each property manager's office and the Section Eight Administrative Office. Each resident shall be provided a copy of the appropriate notice upon request.

DEFINITIONS

1. An "Individual with a disability" is defined as a person who has one or more of the following:
 - (a) A disability as defined in Section 223 of the Social Security Act.
 - (b) A physical, mental or emotional impairment, which is expected to be of long-continued and indefinite duration, substantially impedes his or her ability to live independently or substantially limits one or more major life activities, and is of such a nature that such ability could be improved by more suitable housing conditions. No individual shall be considered to be a person with a disability for low-income housing solely on the basis of any drug or alcohol dependency.
 - (c) A developmental disability as defined in Section 102 of the Developmental Disabilities Assistance and Bill of Rights Act. and
 - (d) Acquired immune deficiency syndrome (AIDS) or any condition that arises from the etiologic agent for AIDS.
2. "Major life activities" means functions such as caring for oneself, performing manual tasks, walking, seeing, hearing, speaking, breathing and learning.
3. A "reasonable accommodation" is defined as a change, modification, alteration or adaptation in policy, procedure, practice, program, or facility that is necessary for a qualified individual with a disability to have the opportunity to participate in, and benefit from, a program or activity unless the reasonable accommodations would result in an undue financial and administrative burden on the Authority, or would result in a fundamental alteration in the nature of the program.
 - (a) A service or assistance animal that is needed as a reasonable accommodation for an individual with a disability is subject to all requirements of the Montgomery Housing Authority's Pet Policy excluding all fees.

REASONABLE ACCOMMODATION

An individual with a disability may request a reasonable accommodation at any time during the application process, residency in public housing, or participation in the Housing Choice Voucher and/or other Programs of the Authority. The individual with a disability may submit all requests in writing, orally, or by any other equally effective means of communication. If the individual with a disability is unable to submit their request in writing, the Authority will assist the individual to reduce their request to written form. Reasonable accommodation methods or actions that may be appropriate for a particular program and individual may be found to be inappropriate for another program or individual. Decisions to approve or deny requests for reasonable accommodations shall be made on a case-by-case basis and take into consideration the

MONTGOMERY HOUSING AUTHORITY

disability and the needs of the individual with the disability as well as the nature of the program or activity in which the individual seeks to participate.

If there is a dispute between the applicant/resident and the Policy Administrator responsible for the program in which the applicant/resident is requesting an accommodation, the resident may file a complaint in accordance with the Grievance Procedure and a public housing or Section 8 applicant may request an informal hearing or meeting to request consideration.

EXAMPLES OF REASONABLE ACCOMMODATIONS

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

1. Making an offer to transfer/relocate a resident with a disability to a comparably, appropriately sized housing unit with the required accessibility features using the transfer procedures found in the ACOP (Admissions and Continued Occupancy Policy) and in the Housing Choice Voucher Administrative Plan;
2. Making a housing unit, part of a housing unit, or public and common use areas accessible for an individual with a disability to the extent that the Authority offers such facilities, if none is already accessible, some will be made unless the accommodation would result in an undue financial and administrative burden on the Authority;
3. Permitting a family to have a service or assistance animal necessary to assist a household member with a disability;
4. Allowing a live-in aide for a resident or program participant with a disability to reside in an appropriately sized housing unit;
5. 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 using the transfer procedures found in the ACOP;
6. 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 using the procedures found in the ACOP;
7. Translating documents into languages other than English, unless prohibited by local law and generally when there are sufficient numbers of applicants/residents speaking a language to warrant the expense;
8. Making documents available in larger type;
9. Providing qualified sign language interpreters for applicant, resident or program participant;
10. Installing strobe type flashing lights and other such emergency equipment for a household member with a hearing impairment;
11. 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; and
12. Permitting requests for extensions of Housing Choice Vouchers if there is a difficulty in locating a housing unit with suitable accessible features or that is otherwise appropriate for the family that has a family member with a disability.

MONTGOMERY HOUSING AUTHORITY

POLICY APPLICATION

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

1. Applicants for public housing;
2. Applicants for Section 8 Housing Choice Voucher and other tenant-based Section 8 Programs;
3. Residents of public housing developments;
4. Participants of the Section 8 Housing Choice Voucher and other tenant-based Section 8 programs.

REQUESTS FOR REASONABLE ACCOMMODATIONS SUBMITTED BY PUBLIC HOUSING APPLICANTS OR RESIDENTS WITH DISABILITIES

Individuals with disabilities may submit reasonable accommodation requests to the Property Manager, or the Policy Administrator in writing, orally, or by any other equally effective means of communication. The Authority provides the "Request for Reasonable Accommodation", (Request Form) (see Appendix C # 3) to all applicants and residents with disabilities who request a reasonable accommodation. The Montgomery Housing Authority shall:

1. Provide all applicants the Request Form as an attachment to the Montgomery Housing Authority application. The Request Form is provided in an alternative format, upon request.
2. Make reasonable accommodations for applicants with disabilities during the housing application process. All applications shall be taken in an accessible location. Applications shall be made available in accessible formats. Individuals with disabilities shall be provided the appropriate auxiliary aides and services, including qualified sign language interpreters and readers (upon request) during the housing application process.
3. Provide all residents with disabilities the Request Form upon request. The Authority will provide the Request Form in an alternate form, upon request.

PROCESSING REASONABLE ACCOMMODATION REQUESTS FROM PUBLIC HOUSING APPLICANTS AND RESIDENTS - (Appendix C # 3)

1. If additional information or documentation is required, the applicant/resident will be notified in writing of the need for the additional information or documentation and when a reply will be required. Upon request, the written notification will be provided in an alternate format. This notification letter may also request the completion and submittal of the following forms:
 - (a) Request for Reasonable Accommodation (see Appendix C # 3)
 - (b) Live-in Aide Agreement (see Appendix C # 4)
 - (c) Verification of Need for a Reasonable Accommodation (see Appendix C # 5)
2. The applicant/resident will be notified in writing of the decision to approve or deny the request. Please refer to Appendix C for copies of the written notification letters:
 - (a) Letter Advising that Information received by the Montgomery Housing Authority does not Support Need for Requested Accommodation (Appendix C # 6)
 - (b) Letter Approving Public Housing Participant's Request for Reasonable Accommodation" (Appendix C # 7)

MONTGOMERY HOUSING AUTHORITY

- (c) Denial of Public Housing Participant's Request for Reasonable Accommodation
(Appendix C # 9)

REQUESTS FOR REASONABLE ACCOMMODATION SUBMITTED BY SECTION 8 PROGRAM PARTICIPANTS - (Appendix C # 3)

This section applies only to tenant-based Section 8 program participants. Requests for Reasonable Accommodation by participants in project-based voucher programs will be processed using the procedures for public housing applicants and residents.

Tenant-based Section 8 program participants should contact their Housing Specialists and their landlords about their reasonable accommodation needs for housing unit modifications. The program participant shall work with their landlord to have these reasonable modifications made to their housing units. When the landlord agrees to allow the reasonable modifications to his property, but will not fund the modification expense, the following may be means of implementing the modifications:

1. Social service agencies may assist with the needs of individuals with disabilities. Montgomery Housing Authority will provide the program participant a list of the Montgomery area agencies that may offer these services.
2. Montgomery Housing Authority will allow a program participant to pay for the modifications. The Authority will also allow the program participant to make an escrow account deposit to cover the expense of returning the housing unit modified areas to their original condition when the program participant vacates the housing unit. Generally, no escrow account deposit is required for reasonable modifications to the public and common use areas of a development.

Upon verification of the disability-related need, the Housing Specialist/Policy Administrator will contact the program participant's landlord about the disability-related need for the accommodations. The Housing Specialist/Policy Administrator will advise the landlord that the disability-related need has been verified. He will encourage the landlord to make the requested reasonable accommodation/modifications for the program participant.

PROCESSING REASONABLE ACCOMMODATION REQUESTS FROM SECTION 8 PROGRAM PARTICIPANTS

This section applies only to tenant-based Section 8 program participants. Requests for Reasonable Accommodation by participants in project-based voucher programs will be processed using the procedures for public housing applicants and residents.

Requests for Reasonable Accommodations from tenant-based Section 8 program participants are sent to the Housing Specialist/Policy Administrator.

1. If additional information or documentation is required, the resident will be notified in writing of the need for the additional information or documentation and when a reply will be required. Upon request, the written notification will be provided in an alternate format. This notification letter may also request the completion and submittal of the following forms:
 - (a) Request for Reasonable Accommodation (see Appendix C # 3)
 - (b) Live-in Aide Agreement (see Appendix C # 4)

MONTGOMERY HOUSING AUTHORITY

- (c) Verification of Need for a Reasonable Accommodation (see Appendix C # 5)
2. The applicant/resident will be notified in writing of the decision to approve or deny the request. Please refer to Appendix C for copies of the written notification letters:
 - (a) Letter Advising that Information received by the Montgomery Housing Authority does not Support Need for Requested Accommodation (Appendix C # 6)
 - (b) Letter Approving Section 8 Participant's Request for Reasonable Accommodation" (Appendix C # 8)
 - (c) Denial of Section 8 Participant's Request for Reasonable Accommodation (Appendix C # 10)
 3. If the Authority approves the accommodation request, the program participant and the landlord will be notified in writing of the decision with the contact information of Policy Administrator provided. The Policy Administrator will contact the program participant and the landlord when the Administrator has sufficient information to inform them of the expected date of the implementation of the reasonable accommodation.
 4. If the request for accommodation is denied, the program participant will be notified in writing of the reasons for denial. In addition, the notification of the denial will provide the program participant with information regarding Montgomery Housing Authority's grievance procedures.
 5. If an applicant or resident with a disability makes an additional request for a different reasonable accommodation, the request is viewed and processed as though it was the initial reasonable accommodation request.

VERIFICATION OF NEED FOR A REASONABLE ACCOMMODATION

(Appendix C # 5)

Montgomery Housing Authority may request documentation to verify that the person requesting an accommodation is a person with a disability and such person has a disability-related need for the requested reasonable accommodation. However, the Authority shall request only such documentation that is necessary to verify that the person requesting an accommodation is a person with a disability and such person has a disability-related need for the requested reasonable accommodation. The Authority shall not require unnecessary information regarding the individual's disability such as the specific disability or the nature or extent of the disability.

The following persons may provide verification that an individual with a disability has the need for the requested accommodations:

1. Physician;
2. Licensed health professional;
3. Professional representing a social service agency; or
4. Disability agency or clinic.

DENIAL OF REASONABLE ACCOMMODATION REQUEST

(Appendix C #9 & # 10)

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

MONTGOMERY HOUSING AUTHORITY

1. A violation of state and/or federal law;
2. A fundamental alteration in the nature of the public housing program;
3. An undue financial and administrative burden to the Authority;
4. A structurally impracticable alteration; or
5. A housing unit alteration requiring the removal or alteration of a load-bearing structural member.

TRANSFER AS A REASONABLE ACCOMMODATION FOR A PUBLIC HOUSING RESIDENT

When a public housing resident requests a reasonable accommodation, the Authority may offer the resident the opportunity to transfer to another available, comparable, appropriately-sized unit with the required accessibility features as a reasonable accommodation using the procedures found in the ACOP. Montgomery Housing Authority is primarily responsible to pay for any reasonable moving-related expenses of both the family/resident with a disability into the accessible unit and, if necessary, any reasonable moving-related expenses of the resident/family without a disability required to move out of the accessible unit. This obligation is part of the Authority's duty to accommodate its residents with disabilities and provide accessible units/units with accessible features. Nothing contained in this paragraph is intended to modify the terms of the Authority's Tenant Lease for the resident and the resident's rights there under.

HOUSING CHOICE VOUCHER AS REASONABLE ACCOMMODATION

1. When issuing a voucher as a reasonable accommodation, upon request, Montgomery Housing Authority must include a list of current available accessible units known to the Authority. The Authority will also provide search assistance to the voucher holder. The Authority may also refer the voucher holder to a local organization to assist them with their search for available, accessible housing.
2. Montgomery Housing Authority will grant extensions beyond the maximum voucher term as a reasonable accommodation to eligible individuals with verified disabilities. The Authority will grant the extension subject to documentation that the resident/applicant has made a diligent effort to locate an accessible unit and considering any impediments to searching because of a family member's disability.

GRIEVANCE PROCEDURE/RIGHT TO APPEAL

1. The applicant/resident may file a complaint in accordance with the Grievance Procedure following formal determination by the Policy Administrator. The Policy Administrator shall attend all grievance conferences and hearings and advise on the Authority's 504 Reasonable Accommodation Housing Policy and Procedures and the relevant United States Department of Housing and Urban Development regulations.
2. A public housing or Section 8 applicant may request an informal hearing or meeting to request consideration.

MONTGOMERY HOUSING AUTHORITY

**504 REASONABLE ACCOMMODATION HOUSING POLICY AND
PROCEDURES**

Appendix

- Appendix A1: Notice to Public Housing Applicants and Residents Regarding Reasonable Accommodations (Application Packet and Development Bulletin Board)
- Appendix A2: Notice to Section 8 Applicants and Residents Regarding Reasonable Accommodations (Voucher Packet and Management Office Bulletin Board)
- Appendix B: Notice to Public Housing Applicants/Residents of Adaptable Housing Units Regarding Reasonable Accommodations (Move-In Packet)
- Appendix C: Other Notices, Forms and Letters
1. Notice of Reasonable Accommodations for to name of development Residents with Disabilities (Recertification Packet)
 2. Notice of Reasonable Accommodations for Section 8 Residents with Disabilities (Recertification Packet)
 3. Request for Reasonable Accommodation
 4. Live-in Aide Agreement
 5. Verification of Need for a Reasonable Accommodation
 6. Letter advising that information received by the Montgomery Housing Authority does not support need for requested accommodation
 7. Letter Approving Public Housing Participant's Request for Reasonable Accommodation
 8. Letter Approving Section 8 Program Participant's Request for Reasonable Accommodation
 9. Denial of Public Housing Participant's Request for Reasonable Accommodation
 10. Denial of Section 8 Program Participant's Request for Reasonable Accommodation
- Appendix D: Examples of Reasonable Accommodations for Public Housing Applicants and Residents with Disabilities
- Appendix E: Request for an Alternative Form of Communication

**NOTICE TO PUBLIC HOUSING APPLICANTS AND RESIDENTS
REGARDING REASONABLE ACCOMMODATIONS**

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

The Montgomery Housing Authority (“the Authority”) is committed to ensuring that its policies and procedures provide individuals with disabilities the opportunity to participate in and benefit from its programs, services and activities. The Authority is dedicated to ensuring that individuals with disabilities are not discriminated against on the basis of disability, in connection with the operation of its programs, services and activities. The Authority provides reasonable accommodations to applicants and residents if they have a disability and reasonable accommodations are necessary for them to have the opportunity to enjoy offered programs, services and activities.

A reasonable accommodation is a change, modification, alteration or adaptation in policy, procedure, practice, program, or facility that gives a qualified individual with a disability the opportunity to participate in and benefit from, a program or activity. This does not include the provision of a foreign language interpreter. The accommodation will be made, provided it does not pose an undue financial and administrative burden to the Authority or require a fundamental change in its program. A reasonable accommodation may also include providing an appropriate auxiliary aid to an applicant or resident with a disability to enable effective communication.

Examples of reasonable accommodation may include:

- installing flashing light smoke detectors in an apartment for a household member with a hearing impairment;
- providing a reader, during a housing interview, for a applicant or resident with a vision-impairment;
- installing grab bars in the apartment bathroom of a resident with a disability;
- permitting an outside agency to assist an applicant with a disability to meet the screening criteria.

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

Individuals with disabilities may submit reasonable accommodation requests to the Property Manager or the 504 Reasonable Accommodation Policy Administrator in writing, orally, or by any other equally effective means of communication at the Montgomery Housing Authority Central Office, 1020 Bell Street, Montgomery, Alabama 36104. The individual making the request will be provided with the Request for Reasonable Accommodation form which should be completed, signed and returned for processing. Assistance with completing this form is available from Authority staff. If you have any questions or concerns about reasonable accommodation, Please call the Policy Administrator at (334) 206-7192 or for **Telecommunications Relay Services for Individuals who are Deaf, Hard of Hearing, or for Speech Assistance** call one of the following:

- (800) 548-2547 (V) (888) 229-5746 (Speech to Speech-English)
(800) 548-2546 (TTY); 711 (TTY) (888) 260-9470 (Speech to Speech-Spanish)

**NOTICE TO SECTION 8 APPLICANTS AND RESIDENTS
REGARDING REASONABLE ACCOMMODATIONS**

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

The Montgomery Housing Authority (“the Authority”) is committed to ensuring that its policies and procedures provide individuals with disabilities the opportunity to participate in and benefit from its Section 8 programs, services and activities. The Authority is dedicated to ensuring that individuals with disabilities are not discriminated against on the basis of disability, in connection with the operation of its Section 8 programs, services and activities. The Authority provides reasonable accommodations to Section 8 applicants and residents if they have a disability and reasonable accommodations are necessary for them to have the opportunity to enjoy the Section 8 programs, services and activities.

A reasonable accommodation is a change, modification, alteration or adaptation in policy, procedure, practice, program, or facility that gives a qualified individual with a disability the opportunity to participate in and benefit from, a program or activity. This does not include the provision of a foreign language interpreter.

Examples of reasonable accommodation may include:

- installing flashing light smoke detectors in an apartment for a household member with a hearing impairment;
- providing a reader, during a housing interview, for a applicant or resident with a vision-impairment;
- installing grab bars in the apartment bathroom of a resident with a disability;
- permitting an outside agency to assist an applicant with a disability to meet the screening criteria.

Generally, the Authority must provide a reasonable accommodation unless the requested accommodation poses an undue financial and administrative burden to the Authority or require a fundamental change in its program. In certain circumstances, however, the Authority must receive the approval of the landlord from whom the Section 8 tenant is renting before implementing a reasonable accommodation. Situations in which the landlord lawfully refuses to allow an accommodation may alter the Authority's obligation to provide the specific accommodation requested by the tenant.

Section 8 residents with a disability requesting reasonable accommodation must fulfill their lease terms such as: paying rent, caring for their apartment, reporting required information, not disturbing the neighbors, etc. with or without a reasonable accommodation.

Individuals with disabilities may submit reasonable accommodation requests to Section 8 Housing Specialists or the 504 Reasonable Accommodation Policy Administrator in writing, orally, or by any other equally effective means of communication at the Montgomery Housing Authority Section Eight Management , 1070 Bell Street, Montgomery, Alabama 36104. The individual making the request will be provided with the Request for Reasonable Accommodation form which should be completed, signed and returned for processing. Assistance with completing this form is available from Authority staff. If you have any questions or concerns about reasonable accommodation, Please call the Policy Administrator at (334) 206-7170 or for **Telecommunications Relay Services for Individuals who are Deaf, Hard of Hearing, or for Speech Assistance** call one of the following:

- (800) 548-2547 (V) (888) 229-5746 (Speech to Speech-English)
- (800) 548-2546 (TTY); 711 (TTY) (888) 260-9470 (Speech to Speech-Spanish)

**NOTICE TO PUBLIC HOUSING
APPLICANTS/RESIDENTS OF ADAPTABLE HOUSING UNITS
REGARDING REASONABLE ACCOMMODATIONS**

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

This housing unit has been designed to be adaptable for persons with disabilities. The following consumer information is provided to each adaptable housing unit resident to ensure that the existence of adaptable features is known.

- (1) The kitchen cabinets, counter and sink are adaptable.
- (2) The toilet, bathtub, and shower areas are adaptable for grab bars.
- (3) The dwelling unit is equipped for installation of a visual emergency alarm.

In compliance with Section XV of the Dwelling Lease, "Accommodation of Persons with Disabilities", you are notified that at any time during your occupancy you may request a reasonable accommodation of the unit for a handicapped household member who needs an accommodation. This would include reasonable accommodations that would allow the resident to meet dwelling lease requirements or the other requirements of occupancy.

If you are a resident with a disability or if there is a member of your household with a disability that has a need for these features, please contact your development's property manager or the 504 Reasonable Accommodation Policy Administrator at the Montgomery Housing Authority Central Office, 1020 Bell Street, Montgomery, Alabama 36104; telephone number (334) 206-7192 (office), or for **Telecommunications Relay Services for Individuals who are Deaf, Hard of Hearing, or for Speech Assistance** call one of the following:

- (800) 548-2547 (V) (888) 229-5746 (Speech to Speech-English)
(800) 548-2546 (TTY); 711 (TTY) (888) 260-9470 (Speech to Speech-Spanish)

An applicant for this unit may request that the adaptable features be installed prior to move-in. If you are an applicant that has a need for the adaptable features, or a member of your household has such a need, please contact Montgomery Housing Authority's 504 Reasonable Accommodation Policy Administrator at the address or telephone number listed above.

MONTGOMERY HOUSING AUTHORITY

Appendix C # 1

NOTICE OF REASONABLE ACCOMMODATIONS FOR

Name of Development - RESIDENTS WITH DISABILITIES

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

The Montgomery Housing Authority ("the Authority") provides reasonable accommodations to any public housing resident with a disability when reasonable accommodations are necessary for them to have the opportunity to enjoy offered programs, services and activities.

A reasonable accommodation is a change, modification, alteration or adaptation in policy, procedure, practice, program, or facility that gives a qualified individual with a disability the opportunity to participate in and benefit from, a program or activity. The Authority is committed to taking reasonable steps to ensure access to its programs and activities by Limited English Proficient persons. The accommodation will be made, provided it does not pose an undue financial and administrative burden to the Authority or require a fundamental change in its program. If you or a member of your household requires a reasonable accommodation, please contact your property manager at (334)_____. The Authority will work with each resident with a disability who requests a reasonable accommodation in order to identify a reasonable, effective, and appropriate accommodation.

If you need any other assistance with your reasonable accommodation request you may also contact the 504 Reasonable Accommodation Policy Administrator at the Montgomery Housing Authority Central Office, 1020 Bell Street, Montgomery, Alabama 36104; telephone number (334) 206-7192 (office), or for **Telecommunications Relay Services for Individuals who are Deaf, Hard of Hearing, or for Speech Assistance** call one of the following:

(800) 548-2547 (V) (888) 229-5746 (Speech to Speech-English)
(800) 548-2546 (TTY); 711 (TTY) (888) 260-9470 (Speech to Speech-Spanish)

MONTGOMERY HOUSING AUTHORITY

Appendix C # 3

REQUEST FOR REASONABLE ACCOMMODATION

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

Please refer to the attached "504 Reasonable Accommodation Housing Policy and Procedures" to determine whether you or a household member is a qualified "individual with a disability." If you would like to request a reasonable accommodation on behalf of yourself or a member of your household, please complete this form. You must fill in the information requested, sign your name and the date, and return the completed form to the development's property management or the 504 Reasonable Accommodation Policy Administrator as listed below.

Montgomery Housing Authority Public Housing –Central Office 1070 Bell Street Montgomery, AL 36104	Montgomery Housing Authority Section 8 – Management Office 1070 Bell Street Montgomery, AL 36104
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If you need assistance in understanding whether you or a member of your household is a qualified "individual with a disability" or if you would like assistance in completing this form, please contact the Policy Administrator at (334) 206-7192 (Public Housing), (334) 206-7170 (Section 8), or for **Telecommunications Relay Services for Individuals who are Deaf, Hard of Hearing, or for Speech Assistance** call one of the following:

(800) 548-2547 (V)	(888) 229-5746 (Speech to Speech-English)
(800) 548-2546 (TTY); 711 (TTY)	(888) 260-9470 (Speech to Speech-Spanish)

PLEASE FILL OUT EVERY BLANK. FORMS NOT COMPLETELY FILLED OUT WILL BE RETURNED

Head of Household Name: _____

Are you a resident of Public Housing ? yes no. Or on the PH waiting list? yes no

Are you a participant in Section 8? yes no. Or on the Section 8 waiting list? yes no

Head of Household Social Security Number: _____

Name of person requiring accommodation: _____

Address: _____ Apt.# _____

City: _____ State: _____ Zip: _____

Telephone number of applicant: _____

MONTGOMERY HOUSING AUTHORITY

Appendix C # 3

REQUEST FOR REASONABLE ACCOMMODATION – Continued

Please answer each of the following questions:

1. As the result of a disability, I am requesting the following reasonable accommodations:

(Please check one or more boxes, then explain on the blank lines)

Change my apartment or other part of my housing development by:

A change in or exception to a rule, policy, or procedure as described below:

(Note: a change in meeting the terms of the lease may be requested, but the terms of the lease must be met.):

Other – What do you need in your housing unit?

2. These accommodations are necessary because:

3. What features or conditions must be present in the housing unit where the individual disability will live?

4. How will these features or conditions meet the needs of the individual with a disability?

5. Answer this question only if you are currently a Housing Authority Public Housing resident: You may request a physical modification to your current housing unit or a transfer to a housing unit in your development or another development that has been previously modified to be accessible. The Montgomery Housing Authority will work with you to determine how to best fulfill your reasonable accommodation request.

Please indicate which of the following options are your first choice, second choice, and third choice by ranking them as 1, 2, or 3:

- I prefer having modifications made to my current housing unit.
- I prefer moving to an accessible housing unit in my current development.
- I prefer moving to an accessible housing unit in another development

MONTGOMERY HOUSING AUTHORITY

Appendix C # 3

REQUEST FOR REASONABLE ACCOMMODATION – Continued

If the reasonable accommodation request is for a Live-in Aide, the Live-in Aide Agreement must also be completed, signed by the Head of Household and the Live-in Aide, and submitted with a copy of the Live-in Aides driver’s license and Social Security card to the Montgomery Housing Authority for verification and approval. Section 8 program participants shall also obtain their landlord’s approval for a Live-in Aide prior to the Live-in aide occupying the premises.

Authorization for Release of Information

Montgomery Housing Authority may require documentation to support your reasonable accommodation request. An individual with a disability means an individual who has a physical and/or mental impairment that substantially limits one or more major life activities. A physician, psychiatrist, licensed psychologist, licensed nurse practitioner, licensed social worker, rehabilitation professional, a non-medical service agency whose function is to provide services to the disabled, or any appropriately qualified expert may provide verification of the disability-related need. The verification of the disability-related need must be sent directly to the Montgomery Housing Authority.

I, _____ (your name) hereby authorize

_____ (name of physician, psychiatrist, licensed psychologist, licensed nurse practitioner, licensed social worker, rehabilitation professional, or non-medical service agency whose function is to provide services to the disabled) to release disability-related need information for

_____ (name of household member with a disability) to the Montgomery Housing Authority.

- This Authorization solely authorizes the release of information necessary to verify the following:
- (1) Documentation necessary to verify that the above-named individual meets the definition of a “qualified individual with a disability”, as defined above;
 - (2) A description of the needed reasonable accommodation(s); and
 - (3) A description of the identifiable relationship between the individual’s disability and the requested reasonable accommodation(s).

This authorization is limited to providing only documentation that is necessary to verify that I meet the definition of a “Qualified Individual with a Disability”, as defined above. This Authorization for Release of Information should only seek information that is necessary to determine if the requested reasonable accommodation is needed because of a disability. This Authorization does **not** authorize the Montgomery Housing Authority to examine my medical records; nor does it authorize the release of detailed information about the nature or severity of my disability to the extent such examination is unnecessary to verifying the above listed information.

Please fill in the licensed professional information below:

Name and title of person providing verification Name of the Agency, Facility or Institution

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ FAX Number: _____

MONTGOMERY HOUSING AUTHORITY

Appendix C # 3

REQUEST FOR REASONABLE ACCOMMODATION – Continued

This verification information will be kept confidential and used only to evaluate this request for a disability-related reasonable accommodation. The parent or guardian must sign for an individual with a disability who is under 18 years of age.

Signature of individual with a disability Print name Date
or head of household

Signature of Witness Print name Date

PENALTIES FOR MISUSING VERIFICATION FORMS

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, the Authority and any owner (or any employee of HUD, the Authority or the owner) may be subject to penalties for unauthorized disclosures or improper uses 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 willfully 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, the Authority 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 42 U.S.C. 208 (f) (g) and (h). Violations of these provisions are cited as violations of 42 U.S.C. 408 f, g, and h.

MONTGOMERY HOUSING AUTHORITY

Appendix C # 4

LIVE-IN AIDE AGREEMENT

Upon request, this agreement and the Reasonable Accommodation 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 month _____, day _____, year _____.

The Head of Household and the Live-in Aide, as a condition of obtaining the Montgomery Housing Authority’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 Montgomery Housing Authority screening requirements as household members. The Live-in Aide agrees to provide all information the Authority 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 the Authority.
4. The Live-in Aide must be listed on the lease as a household member and shall not violate any provisions of the lease. If the individual with a disability is a Section 8 participant, the Authority shall list the Live-in Aide on the HAP Contract. Section 8 program participants shall also obtain their landlord’s approval for a Live-in Aide prior to the Live-in Aide occupying the premises.
5. **The Live-in Aide must submit a copy of their driver’s license and Social Security card with this agreement.** The verification of need for a Live-in Aide shall be annually re-verified during the re-certification process.
6. 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 voucher or to the housing unit. Upon the death of the household member requiring assistance, the Live-in Aide shall vacate the housing unit within 14 days.

MONTGOMERY HOUSING AUTHORITY

Appendix C # 4

LIVE-IN AIDE AGREEMENT - Continued

7. Under unusual circumstances the Authority 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), 200____
by:

Head of Household _____

Live-in Aide _____

Company providing the live-in aide service:

Name: _____

Phone number: _____ Fax number: _____

Address/City/State/Zip: _____

MONTGOMERY HOUSING AUTHORITY

Appendix C # 5

VERIFICATION OF NEED FOR A REASONABLE ACCOMMODATION

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

To: _____

Date: _____

Re: _____ (name of individual with a disability)

Enclosed is a signed Request for Reasonable Accommodation form explaining that the referenced individual with a disability may need the following accommodation in order to have the opportunity to participate in the assisted housing program and activities. An individual with a disability means an individual with a physical and or mental impairment that substantially limits one or more major life activities. "Major Life activities" means functions such as caring for one-self, performing manual tasks, walking, seeing, hearing, speaking, breathing and learning. It does not include any individual who is currently using alcohol or illegal drugs as described in Section 1(c) of the "Definitions" section of Montgomery Housing Authority's 504 Reasonable Accommodation Housing Policy & Procedures. The accommodation requested is:

_____.

The attached Request for Reasonable Accommodation form solely authorizes you to provide verification that is necessary to verify the following: (1) that the individual listed above meets the definition of a "Qualified Individual with a Disability", as defined above; (2) A description of the needed reasonable accommodation(s); and (3) A description of the identifiable relationship between the individual's disability(ies) and the requested reasonable accommodation(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:

Montgomery Housing Authority	Montgomery Housing Authority
Public Housing –Central Office	Section 8 – Management Office
1020 Bell Street	1070 Bell Street
Montgomery, AL 36104	Montgomery, AL 36104

If you have any questions about this notification, please contact the Policy Administrator at (334) 206-7192 (Public Housing), (334) 206-7170 (Section 8), or for **Telecommunications Relay Services for Individuals who are Deaf, Hard of Hearing, or for Speech Assistance** call one of the following:

(800) 548-2547 (V)	(888) 229-5746 (Speech to Speech-English)
(800) 548-2546 (TTY); 711 (TTY)	(888) 260-9470 (Speech to Speech-Spanish)

MONTGOMERY HOUSING AUTHORITY

Appendix C # 5

VERIFICATION OF NEED FOR A REASONABLE ACCOMMODATION – Continued

Please check the (one) appropriate verification listed below:

- I verify that the individual referenced above **does not have a qualifying disability.**
- I verify that the individual referenced above **has a qualifying disability and the accommodation listed above is necessary** for him/her to participate in the housing program.
- I verify that the individual referenced above **has a qualifying disability, but the accommodation listed above is not necessary** for him/her to participate in the assisted housing program. This individual needs the following accommodation in order to participate in the assisted housing program:

Signature: _____ Date: _____

Name: _____ Title: _____

Address

City/State/Zip
Phone Number: _____ Fax Number: _____

MONTGOMERY HOUSING AUTHORITY

Appendix C # 6

LETTER ADVISING THAT INFORMATION RECEIVED BY THE MONTGOMERY HOUSING AUTHORITY DOES NOT SUPPORT NEED FOR REQUESTED ACCOMMODATION

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

Date

Name

Address

City, State Zip

Dear _____:

The Montgomery Housing Authority ("the Authority") is committed to ensuring that eligible individuals with disabilities receive the appropriate disability-related accommodation. In verifying your eligibility for accommodation, the Authority has received the following information:

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

The Authority 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:

1. A written statement from you explaining your views with respect to the Authority's determination that the information it received does not support the need for the requested accommodation,
2. All supplementary information regarding your request for accommodation, and
3. All additional documentation about the need for accommodation.
4. The name, address, phone number and fax number of a different licensed professional that will verify your need for a reasonable accommodation.

You must submit this information to:

Montgomery Housing Authority	Montgomery Housing Authority
Public Housing –Central Office	Section 8 – Management Office
1020 Bell Street	1070 Bell Street
Montgomery, AL 36104	Montgomery, AL 36104

All newly submitted information must be received within 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 the Policy Administrator at (334) 206-7192 (Public Housing), (334) 206-7170 (Section 8) or for **Telecommunications Relay Services for Individuals who are Deaf, Hard of Hearing, or for Speech Assistance** call one of the following:

- | | |
|---------------------------------|---|
| (800) 548-2547 (V) | (888) 229-5746 (Speech to Speech-English) |
| (800) 548-2546 (TTY); 711 (TTY) | (888) 260-9470 (Speech to Speech-Spanish) |

Sincerely,

Reasonable Accommodation Policy Administrator

MONTGOMERY HOUSING AUTHORITY

Appendix C # 7

**LETTER APPROVING PUBLIC HOUSING PARTICIPANT'S REQUEST FOR
REASONABLE ACCOMMODATION**

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

Date

To

Address

City/State/Zip

Dear _____:

The Montgomery Housing Authority ("the Authority") received and approved your request for *(describe specific accommodation requested)* _____

The 504 Reasonable Accommodation Policy Administrator will contact you when there is sufficient information available 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 you requested, if this accommodation is unacceptable, or if you object to the length of time it will take to provide your accommodation, you may contact the Policy Administrator at (334) 206-7192 (Public Housing) or for **Telecommunications Relay Services for Individuals who are Deaf, Hard of Hearing, or for Speech Assistance** call one of the following:

(800) 548-2547 (V) (888) 229-5746 (Speech to Speech-English)
(800) 548-2546 (TTY); 711 (TTY) (888) 260-9470 (Speech to Speech-Spanish)

Sincerely,

504 Reasonable Accommodation Policy Administrator

MONTGOMERY HOUSING AUTHORITY

Appendix C # 8

**LETTER APPROVING SECTION 8 PARTICIPANT'S REQUEST FOR
REASONABLE ACCOMMODATION**

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

Date

To

Address

City/State/Zip

Dear _____:

The Montgomery Housing Authority ("the Authority") received and approved your request for *(describe specific accommodation requested)* _____

The 504 Reasonable Accommodation Policy Administrator will contact you when there is sufficient information available 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 you requested, if this accommodation is unacceptable, or if you object to the length of time it will take to provide your accommodation, you may contact the Policy Administrator at (334) 206-7170 (Section 8) or for **Telecommunications Relay Services for Individuals who are Deaf, Hard of Hearing, or for Speech Assistance** call one of the following:

(800) 548-2547 (V) (888) 229-5746 (Speech to Speech-English)
(800) 548-2546 (TTY); 711 (TTY) (888) 260-9470 (Speech to Speech-Spanish)

Sincerely,

504 Reasonable Accommodation Policy Administrator

MONTGOMERY HOUSING AUTHORITY

Appendix C #9

**DENIAL OF PUBLIC HOUSING PARTICIPANT'S REQUEST FOR
REASONABLE ACCOMMODATION**

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

Date

To

Address

City/State/Zip

Dear _____:

The Montgomery Housing Authority ("the Authority") received and reviewed your request for (*describe specific accommodation requested*): _____

After a careful review of the documentation presented with your Request for Reasonable Accommodation, the Authority has determined that the request is denied because:

- You do not meet the definition of a qualified "individual with a disability" as defined in the Montgomery Housing Authority 504 Reasonable Accommodation Housing Policy and Procedures (see attached Policy), the accommodation you requested is not necessary for you to participate in a program or activity offered by the Authority, or your request does not involve a program or activity offered by the Authority and therefore you are not entitled to a disability-related reasonable accommodation.
- The requested accommodation is not feasible for the following reason: _____
- The requested accommodation would result in a fundamental alteration in the nature of the Authority's program for the following reason: _____
- The requested accommodation would result in an undue financial and administrative burden for the Authority for the following reason: _____

We were unable to approve the specific reasonable accommodation you requested, The Authority:

- cannot provide alternative accommodation because you are not entitled to a disability-related reasonable accommodation.
- will provide the following alternative accommodation: _____

The Authority anticipates the accommodation will be provided to you on or about: _____ (date).

MONTGOMERY HOUSING AUTHORITY

Appendix C # 9

DENIAL OF REQUEST FOR REASONABLE ACCOMMODATION -Continued

If you would like to accept this alternative accommodation, please sign this letter on the line above your name at the bottom of the letter and within 7 days of the date of this letter, send a copy of this letter to:

Montgomery Housing Authority
Public Housing – Central Office
1020 Bell Street
Montgomery, AL 36104

If you have any questions about this notification, please contact the Policy Administrator at (334) 206-7192 (Public Housing) to schedule a mutually convenient date and time for a meeting or for **Telecommunications Relay Services for Individuals who are Deaf, Hard of Hearing, or for Speech Assistance** call one of the following:

(800) 548-2547 (V) (888) 229-5746 (Speech to Speech-English)
(800) 548-2546 (TTY); 711 (TTY) (888) 260-9470 (Speech to Speech-Spanish)

1. You may also file a complaint within five (5) business days of receipt of this letter in accordance with the Authority's Grievance Procedure.
2. If you are an applicant, you may request an informal hearing or meeting to request consideration.

I accept the alternative reasonable accommodation offered by the Montgomery Housing Authority.

Name & Date

Sincerely,

504 Reasonable Accommodation Policy Administrator

MONTGOMERY HOUSING AUTHORITY

Appendix C # 10

**DENIAL OF SECTION 8 PARTICIPANT'S REQUEST FOR
REASONABLE ACCOMMODATION**

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

Date

To

Address

City/State/Zip

Dear _____:

The Montgomery Housing Authority ("the Authority") received and reviewed your request for *(describe specific accommodation requested)*: _____

After a careful review of the documentation presented with your Request for Reasonable Accommodation, the Authority has determined that the request is denied because:

- You do not meet the definition of a qualified "individual with a disability" as defined in the Montgomery Housing Authority 504 Reasonable Accommodation Housing Policy and Procedures (see attached Policy), the accommodation you requested is not necessary for you to participate in a program or activity offered by the Authority, or your request does not involve a program or activity offered by the Authority and herefore you are not entitled to a disability-related reasonable accommodation.
- The requested accommodation is not feasible for the following reason: _____
- The requested accommodation would result in a fundamental alteration in the nature of the Authority's program for the following reason: _____
- The requested accommodation would result in an undue financial and administrative burden for the Authority for the following reason: _____

We were unable to approve the specific reasonable accommodation you requested, The Authority:

- cannot provide alternative accommodation because you are not entitled to a disability-related reasonable accommodation.
- will provide the following alternative accommodation:

The Authority anticipates the accommodation will be provided to you on or about: _____ (date).

MONTGOMERY HOUSING AUTHORITY

Appendix C # 10

DENIAL OF REQUEST FOR REASONABLE ACCOMMODATION -Continued

If you would like to accept this alternative accommodation, please sign this letter on the line above your name at the bottom of the letter and within 7 days of the date of this letter, send a copy of this letter to:

Montgomery Housing Authority
Section 8 Management Office
1070 Bell Street
Montgomery, AL 36104

If you have any questions about this notification, please contact the Policy Administrator at (334) 206-7170 (Section 8) to schedule a mutually convenient date and time for a meeting or for **Telecommunications Relay Services for Individuals who are Deaf, Hard of Hearing, or for Speech Assistance** call one of the following:

(800) 548-2547 (V) (888) 229-5746 (Speech to Speech-English)
(800) 548-2546 (TTY); 711 (TTY) (888) 260-9470 (Speech to Speech-Spanish)

1. You may also file a complaint within five (5) business days of receipt of this letter in accordance with the Authority's Grievance Procedure. If you are an applicant, you may request an informal hearing or meeting to request consideration.

I accept the alternative reasonable accommodation offered by the Montgomery Housing Authority.

Name & Date

Sincerely,

504 Reasonable Accommodation Policy Administrator

**EXAMPLES OF REASONABLE ACCOMMODATIONS
for
Public Housing Applicants and Residents with Disabilities**

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

1. Making an offer to transfer/relocate a resident with a disability to a comparably, appropriately sized housing unit with the required accessibility features using the transfer procedures found in the ACOP (Admissions and Continued Occupancy Policy) and in the Housing Choice Voucher Administrative Plan;
2. Making a housing unit, part of a housing unit, or public and common use areas accessible for an individual with a disability to the extent that the Authority offers such facilities, if none is already accessible, some will be made unless the accommodation would result in an undue financial and administrative burden on the Authority;
3. Permitting a family to have a service or assistance animal necessary to assist a household member with a disability;
4. Allowing a live-in aide for a resident or program participant with a disability to reside in an appropriately sized housing unit;
5. 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 using the transfer procedures found in the ACOP;
6. 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 using the procedures found in the ACOP;
7. Translating documents into languages other than English, unless prohibited by local law and generally when there are sufficient numbers of applicants/residents speaking a language to warrant the expense;
8. Making documents available in larger type;
9. Providing qualified sign language interpreters for applicant, resident or program participant;
10. Installing strobe type flashing lights and other such emergency equipment for a household member with a hearing impairment;
11. 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; and
12. Permitting requests for extensions of Housing Choice Vouchers if there is a difficulty in locating a housing unit with suitable accessible features or that is otherwise appropriate for the family that has a family member with a disability.

MONTGOMERY HOUSING AUTHORITY

APPENDIX E

REQUEST FOR AN ALTERNATIVE FORM OF COMMUNICATION

The Housing Authority of the City of Montgomery Alabama ("MHA") shall, upon request, provide alternative forms of communication for individuals who are visually, hearing, mentally or manually impaired. Some examples of alternative forms of communication include, but are not limited to, translating, contracting a third party to translate, and/or use previously-translated vital documents, having material explained orally by staff, or having a third party representative (a friend, relative or advocate) receive, interpret and explain housing materials and be present at all meetings.

Name: _____

Address: _____
(Street Address, City, State & Zip Code)

Telephone: _____

Please explain what type of alternative communication you require:
(Example: large print documents, a third party representative be present at all meetings)

If you are requesting a third-party representative, please provide the following information about the individual who will act as your third-party representative.

Name: _____

Address: _____
(Street Address, City, State & Zip Code)

Telephone: _____

How long will you require a third-party representative? _____

Please note that in certain circumstances the Authority, in its sole and absolute discretion, may require you to complete Request for Accommodation Forms, as outlined in the Montgomery Housing Authority 504 Reasonable Accommodation Housing Policy and Procedures and Limited English Proficient Plan, in order to determine if the requested alternative form of communication is reasonable.

Signature of Applicant/Participant Date

Signature of Authority Representative Date