

# **West Bridgewater Housing Authority**

## **Reasonable Accommodation Policy**

It is the policy of the West Bridgewater Housing Authority to not discriminate against persons with disabilities in any way, shape or form. Within reason, it is the intent of the West Bridgewater Housing Authority to accommodate the needs of individuals, whether they exist for tenants, employees, program participants, or applicants for tenancy, employment and/or program participation.

A reasonable accommodation is a change that the WBHA can make to its facilities or practices that will assist an otherwise eligible person with a disability to overcome the limitations imposed by his or her disability and to be able to participate in the WBHA's housing or programs. Such a change must be financially and programmatically feasible for the housing authority.

It is the policy of the West Bridgewater Housing Authority to provide reasonable accommodations to all individuals with disabilities unless the accommodation would present an undue hardship and/or unreasonable financial burden to the authority or alter the nature of the program. In such cases where a request for reasonable accommodations may present an undue hardship or financial burden for the housing authority, the West Bridgewater Housing Authority will attempt to propose alternate solutions and/or accommodations, which do not create a hardship.

An applicant household or tenant which has a member with a mental and/or physical disability must still be able to meet essential obligations of tenancy (for example, the household must be able to pay rent, to care for the apartment, to report required information to the WBHA, and to avoid disturbing neighbors), but an accommodation may be the basis by which the household is able to meet those obligations of tenancy.

The WBHA has assigned the Executive Director as its Accommodation Coordinator. If you need an accommodation because of a disability, please submit a written request outlining your request for an accommodation. Your request must include the following:

- Accommodation Requested (be specific)
- How the accommodation will address/improve the disability
- A letter from your doctor verifying the existence of a disability, and the need for an accommodation to overcome these limitations. This letter must be signed, and have your doctor's full name, address, phone and fax numbers.

Within thirty (30) days of receipt of your request and documentation, the Accommodation Coordinator will contact you to discuss what the housing authority can reasonably do to accommodate you on account of your disability.

If you or a member of your household has a mental and/or physical disability, and as a result you need an accommodation, you may request it at any time. However, you are not obliged to make such a request, and if you prefer not to do so that is your right.

Any questions regarding the West Bridgewater Housing Authority's Reasonable Accommodation Policy and Procedures should be directed to the Executive Director.

Policy adopted by the Board of Commissioners

# Request for Reasonable Accommodations/Modifications

To: Accommodation Coordinator \_\_\_\_\_

Housing Authority \_\_\_\_\_

Address \_\_\_\_\_

From: \_\_\_\_\_  
Applicant or Resident Name (please print)

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

\_\_\_\_\_  
Town/City, State, Zip

\_\_\_\_\_  
( )  
Area Code/Telephone Number

1. On account of my disability, I request the following be done in order to permit me to have equal opportunity to use and enjoy the housing or public or common use areas or to participate fully in the Housing Authority's programs, activities, or services: (Describe)

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

2. This request for a reasonable accommodation/modification is necessary so that I can:

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

3. Documentation needed to verify the existence of my disability and my disability-related need for the accommodation/modification is attached. (Attach appropriate documentation)

I attest that the foregoing information is true and correct.

\_\_\_\_\_  
Signature of Applicant or Resident (or authorized representative)

\_\_\_\_\_  
Date

