

HOUSING AUTHORITY OF HENDERSON
REASONABLE ACCOMMODATION POLICY AND PROCEDURES
Revised January 2012
Adopted by the HAH Board of Commissioners
01/23/2012

The Housing Authority of Henderson (HAH) is committed to ensuring that its policies and procedures do not deny individuals with disabilities the opportunity to participate in, or benefit from, nor otherwise discriminate against individuals with disabilities, on the basis of disability, in connection with the operations of HAH's programs, services and activities.

Therefore, if an individual with a disability requires an accommodation such as an accessible feature or modification to a HAH policy, HAH 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. In such a case, the HAH will suggest another accommodation that would not result in a financial or administrative burden.

A reasonable accommodation is a change, modification, alteration or adaptation in policy, procedure, practice, program, or facility that provides a qualified individual with a disability the opportunity to participate in, or benefit from, a program (housing or non-housing) or activity.

HAH will post a copy of this Reasonable Accommodation Policy and Procedures in the Barret Center Administrative Offices located at 111 South Adams Street, Henderson, KY 42420, on its website at www.hahenderson.org. In addition, individuals may obtain a copy of this Reasonable Accommodation Policy and Procedures, upon request, from the HAH's Section 504/ADA Coordinator.

LEGAL AUTHORITY

The HAH is subject to Federal civil rights laws and regulations. This Reasonable Accommodation Policy is based on the following statutes or regulations. *See* 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, as amended (Fair Housing Act); the Architectural Barriers Act of 1968, 24 CFR Parts 5,200,203 et al. and the respective implementing regulations for each Act.

MONITORING AND ENFORCEMENT

The HAH's Section 504/ADA Coordinator is responsible for monitoring HAH's compliance with this Policy. Individuals who have questions regarding this Policy, its interpretation or implementation should contact HAH's Section 504/ADA Coordinator in writing, by telephone, or by appointment, as follows:

Name of Section 504/ADA Coordinator: Bobbie W. Jarrett

Address: Barret Center, 111 South Adams Street, Henderson, Kentucky 42420

Telephone Number: (270) 827-1294 extension 1133

TDD Number: (270) 827-1294 extension 1169

Facsimile Number: (270) 631-0765

- i. 29 U.S.C. § 794; 24 CFR Part 8.
- ii. 42 U.S.C. §§ 12101 et seq.
- iii. 42 U.S.C. §§ 3601-20; 24 CFR Part 100.
- iv. 42 U.S.C. §§ 4151-4157



STAFF TRAINING

The Executive Director will ensure that all appropriate HAH staff receives adequate training (ideally at least annually) on Fair Housing and Reasonable Accommodation Policies and Procedures, including all applicable Federal, state and local requirements regarding Fair Housing and Reasonable Accommodation.

REASONABLE ACCOMMODATION

A person 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 Neighborhood Stabilization Programs of HAH. The individual, HAH staff or any person identified by the individual, must submit all requests in writing.

APPLICATION OF REASONABLE ACCOMMODATION POLICY

The Reasonable Accommodation Policy applies to individuals with disabilities in the following programs provided by the HAH:

- (a) Applicants/residents of public housing;
- (b) Applicants/participants of Housing Choice Voucher program;
- (c) Applicants/residents of Neighborhood Stabilization program;
- (d) Participants in all other programs or activities receiving Federal financial assistance that are conducted or sponsored by the HAH, its agents or contractors including all non- housing facilities and common areas owned or operated by the HAH.

INDIVIDUAL WITH DISABILITIES

As outlined in 24 C.F.R 9.013, individual with disabilities means any person who has a physical or mental impairment that substantially limits one or more major life activities; has a record of such impairment; or is regarded as having such impairment. As used in this definition, the phrase:

(1) “Physical or mental impairment” includes:

(i) 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; genito-urinary; hemic and lymphatic; skin; and endocrine; or

(ii) 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, Human Immunodeficiency Virus disease (symptomatic or asymptomatic), mental retardation, emotional illness, drug addiction and alcoholism.

The definition of disability does not include any individual who is a drug addict and who is currently using illegal drugs or an alcoholic who by reason of such current alcohol abuse would constitute a direct threat to property or safety or the safety of others.

EXAMPLES OF REASONABLE ACCOMMODATIONS

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

- (a) Making a unit, part of a unit or public and common use element accessible for the head of household or a household member with a disability who is on the lease;
- (b) Permitting a family to have a service or assistance animal necessary to assist a family member with a disability;
- (c) Allowing a live-in aid to reside in an appropriately sized HAH unit;
- (d) Transferring a resident to a larger size unit to provide a separate bedroom for a person with a disability;
- (e) Transferring a resident to a unit on a lower level or a unit that is completely on one level;

- (f) Making documents available in large type, computer disc or Braille;
- (g) Providing qualified sign language interpreters for applicant or resident meetings with HAH staff; or at resident meetings;
- (h) Installing strobe type flashing lights and other such equipment for a family member with a hearing impairment;
- (i) Permitting an outside agency or family member to assist a resident or an applicant in meeting screening criteria or meeting essential lease obligations;
- (j) Permitting requests for extensions of Housing Choice Vouchers if there is a difficulty in locating a unit with suitable accessible features or otherwise appropriate for the family; and
- (k) As a reasonable accommodation for a family member with a disability, approving a request a exception payment standard amounts under the Housing Choice Voucher Program in accordance with 24 CFR 8.28 and 982.503.

PROCESSING OF REASONABLE ACCOMMODATION REQUESTS

The HAH will provide the “Request for Reasonable Accommodation”, (“Request Form”), attached hereto, to all applicants, residents or individuals with disabilities who request a reasonable accommodation.

Individuals may submit their reasonable accommodation request(s) in writing, orally, or by any other equally effective means of communication. However, the HAH will ensure that all reasonable accommodation requests will be reduced to writing. If needed as a reasonable accommodation, the HAH will assist the individual in completing the Request Form.

- (a) The HAH will provide all applicants with the Request Form as an attachment to the HAH application. The Request for Reasonable Accommodation Form must be provided in an alternative format, upon request.
- (b) Reasonable Accommodations will be made for applicants during the application process. All applications must be taken in an accessible location. Applications will be made available in accessible formats. HAH will provide applicants with appropriate auxiliary aids and services, including qualified sign language interpreters and readers, upon request.

(c) HAH will provide all residents with the Request Form during the annual re-certification upon request. The HAH will provide the Request Form in an alternate form, upon request.

(d) Residents seeking accommodation(s) anytime during tenancy may contact the Property Managers at the Barret Center office. In addition, residents may also contact the Section 504/ADA Coordinator's office directly to request the accommodation(s).

(e) Within five (5) calendar days of receipt, the Property Managers will forward the resident's reasonable accommodation request(s) to the Office of the Section 504/ADA Coordinator.

(f) Within ten (10) calendar days of receipt, the Office of the Section 504/ADA Coordinator, will respond to the Resident's Request.

(g) If additional information or documentation is required, the Property Manager's office will notify the resident, in writing, of the need for the additional information or documentation within five (5) calendar days after receiving request. The Property Managers will provide the resident with the "Request for Verification Form", a copy of which is attached. The written notification should provide the resident has five (5) calendar days for submission of the documentation.

(h) Within twenty (20) calendar days of receipt of the request and, if necessary, all supporting documentation, HAH will provide written notification to the resident of its decision to approve or deny the resident's request(s). Upon request, the written notification will be provided in an alternate format.

(i) If HAH approves the accommodation request(s), the resident will be notified of the projected date for implementation.

(j) Within twenty (20) calendar days if the accommodation is denied, the resident will be notified of the reasons for denial. In addition, the notification of the denial will also provide the resident with information regarding HAH's HUD-approved Grievance Procedures.

(k) All requests for reasonable accommodation that are approved by the Section 504/ADA office will promptly be implemented or begin the process of implementation.

VERIFICATION OF REASONABLE ACCOMMODATION REQUEST

HAH may request documentation of the need for a Reasonable Accommodation as identified on the Request for Reasonable Accommodation Form. In addition, HAH may request that the individual provide suggested reasonable accommodations. The HAH may verify a person's disability only to the extent necessary to ensure that individuals who have requested a reasonable accommodation have a disability-based need for the requested accommodation.

However, the HAH may not require individuals to disclose confidential medical records in order to verify a disability. In addition, the HAH may not require specific details regarding the individual's disability. The HAH may only request documentation to confirm the disability-related need(s) for the requested reasonable accommodation(s). The individual shall provide a statement from a Health Care Professional

The HAH may not require the individual to disclose the specific disability(s); or the nature or extent of the individual's disability(s).

Upon receipt, the Property Manager, will forward the recommendation, including all supporting documentation, to the HAH's Section 504/ADA Coordinator within five (5) calendar days of receipt.

DENIAL OF REASONABLE ACCOMMODATION REQUEST(S)

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

- (a) A violation of local, state and/or federal building codes;
- (b) A fundamental alteration in the nature of the HAH public housing program;
- (c) An undue financial and administrative burden on HAH;
- (d) A structurally infeasible alteration; or
- (e) An alteration requiring the removal or alteration of a load-bearing structural member.

TRANSFER AS REASONABLE ACCOMMODATION

HAH shall not require a resident with a disability to accept a transfer in lieu of providing a reasonable accommodation. However, if a public housing resident with a disability requests dwelling unit modifications that involve structural changes, including, but not limited to widening entrances, rooms, or hallways, and there is a vacant, comparable, appropriately sized UFAS-compliant unit in that resident's project or another project, HAH may offer to transfer the resident to the vacant unit in his/her project or to another project in lieu of providing structural modifications.

However, if that resident rejects the proffered transfer or voucher, HAH shall make modifications to the resident's unit unless doing so would be structurally impracticable or would result in an undue financial and administrative burden. If the resident accepts the transfer, HAH will work with the resident to obtain moving expenses from social service agencies or other similar sources. Nothing contained in this paragraph is intended to modify the terms of HAH's Tenant and Assignment Plan and any resident's rights there under.

HOUSING CHOICE VOUCHER AS REASONABLE ACCOMODATION

- (1) When issuing a voucher as an accommodation, HAH must include a list of current available accessible units known to HAH, upon request. HAH will also provide search assistance. HAH may also partner with a qualified, local disability organization to assist the resident or applicant with the search for available, accessible housing. *See* 24 CFR 8.28.
- (2) Extensions beyond the maximum term of one hundred twenty (120) days are available as a reasonable accommodation to eligible individuals with disabilities. These extensions are subject to documentation that a diligent effort to locate a unit has been conducted considering any impediments to searching because of a family member's disability.
- (3) HAH may, if necessary as a reasonable accommodation for an individual with a disability, approve a family's request for an exception payment standard amount under the Housing Choice Voucher Program so that the program is readily accessible to and usable by individuals with disabilities. *See* 24 CFR 8.28 and 982.503.
- (4) Upon request by an applicant, participant, or their representative, HAH will ask the HUD Field Office for an exception payment standard up to 120% of the Fair Market Rent (FMR). However, the applicant, participant or the representative, must provide documentation of the need for the exception payment standard to HAH.
- (5) In exceptional cases, HAH may ask the Assistant Secretary for Public and Indian Housing of HUD for an exception payment standard amount over 120% of the FMR, provided the applicant, participant or the representative provides the appropriate supporting documentation.

SERVICE OR ASSISTANCE ANIMALS

Residents of HAH with disabilities are permitted to have assistance animals if such animals are necessary as a reasonable accommodation for their disability. Assistance animals are often referred to as “service animals,” “assistance animals,” “support animals,” or “therapy animals”. HAH residents or potential residents who need an assistance animal as a reasonable accommodation must request the accommodation in accordance with the reasonable accommodation policy.

Pursuant to 24 CFR 960.705, the HAH Pet Policy does not apply to animals that assist, support or provide service to person with disabilities. These animals are allowed in all public housing facilities with the following restrictions:

1. Documentation proving that the pet is licensed and has received current rabies shots as required by law (902 KAR 2.070), from a licensed veterinarian;
2. The resident is responsible for cleaning up of all pet waste, if any, inside or outside the apartment and on public housing property. Waste must be disposed of by placing the waste in an appropriate container and then disposed of in the dumpster;
3. Animals will only be allowed outside under leash control;
4. The resident must maintain their units and associated facilities in a decent, safe, and sanitary manner. Food and water for the animal must be maintained so as to not produce an unsanitary condition that may attract pests and;
5. Service or Assistance Animals(s) shall not destroy, interfere or diminish the peaceful enjoyment of other tenants.

INDIVIDUAL WITH DISABILITIES

As outlined in 24 C.F.R 9.013, individual with disabilities means any person who has a physical or mental impairment that substantially limits one or more major life activities; has a record of such impairment; or is regarded as having such impairment. As used in this definition, the phrase:

(1) “Physical or mental impairment” includes:

(i) 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; genito-urinary; hemic and lymphatic; skin; and endocrine; or

(ii) 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, Human Immunodeficiency Virus disease (symptomatic or asymptomatic), mental retardation, emotional illness, drug addiction and alcoholism.

The definition of disability does not include any individual who is a drug addict and who is currently using illegal drugs or an alcoholic who by reason of such current alcohol abuse would constitute a direct threat to property or safety or the safety of others.

RIGHT TO APPEAL/GRIEVANCE PROCESS

- (1) The Public Housing applicant or resident may file a complaint in accordance with HAH’s HUD-approved Grievance Procedure following a formal determination by the HAH’s ADA/504 Coordinator or with HUD Fair Housing hotline at (800) 669-9777 or the Kentucky Commission on Human Rights at (800) 292-5566.
- (2) The Housing Choice Voucher Program participant and applicant complainant may file a complaint in accordance with HAH’s HUD Approved Grievance Procedure following a formal determination by the HAH’s ADA/504 Coordinator or with HUD Fair Housing hotline at (800) 669-9777 or the Kentucky Commission on Human Rights at (800) 292-5566.
- (3) The Neighborhood Stabilization Program applicant or resident may file a complaint in accordance with HAH’s HUD-approved Grievance Procedure following a formal determination by the HAH’s ADA/504 Coordinator or with HUD Fair Housing hotline at (800) 669-9777 or the Kentucky Commission on Human Rights at (800) 292-5566.
- (4) An applicant or resident may, at any time, exercise their right to appeal HAH’s decision through the local HUD Field office or the U.S. Department of Justice. Individuals may contact the local HUD FHEO office and the Kentucky Commission on Human Rights at:

U.S. Department of Housing and Urban Development
601 West Broadway, Room 110
Louisville, KY 40202
Telephone (800) 669-9777

Kentucky Commission on Human Rights
332 W. Broadway, Suite 700
Louisville, KY
Telephone (800) 292-5566

CONFIDENTIAL

HOUSING AUTHORITY OF HENDERSON

111 SOUTH ADAMS STREET

HENDERSON, KY 42420

Phone (270) 827-1294 – Fax (270) 827-1482

Special Medical Accommodation Needs Verification

TO:	

Re: Patient Making Request:		DOB:	
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The individual named above has identified you as his/her medical provider and requested a special accommodation based on an alleged medical need. The Department of Housing and Urban Development has specific regulations related to the request for additional bedrooms for a special accommodation. *If this request is for a live-in aide, the live-in aide **MUST** be required (twenty-four hours a day) for the approval of the requester’s special needs accommodation. If the request is for medical equipment, the equipment **MUST** be of the size and nature to require an additional bedroom.* These reasons must be 3rd party verified before we can process the request. This is a “time sensitive” request and we respectfully ask that you return the completed form directly to the Housing Authority of Henderson in the self-addressed stamped envelope (or fax) as soon as possible. The requested accommodation and authorization for release of information is below. As the medical provider named by the person requesting the accommodation you are asked to verify that the requested accommodation **IS** or **IS NOT** medically needed by the requestor. This is NOT a request for medical information. NO other medical information/history is being requested.

Penalties For Misusing This Verification Form:

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false statements to any department of the United States Government, including the Department of Housing and Urban Development (HUD) or a Public Housing Authority. HUD, the Housing Authority and any employee of HUD or the Housing Authority 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 resident may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or resident affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may appropriate against the officer or employee of HUD or the Housing Authority for the unauthorized disclosure or improper use. Penalty provisions and violation of these provisions for misusing the social security number are contained in the Social Security Act at 42 U.S.C. 208 (f)(g) and (h).

Requestor Statement and Authorization to Release Information

I		authorize	
	<small>Name of Requestor (printed)</small>		<small>Medical Provider's Name</small>

Reason(s) for Special Request:	

My signature at the right serves as my authorization for the verification of my request and acknowledgement that I have read and understand this form and the penalty for any misrepresentation.		
	<small>Signature (of Requestor)</small>	<small>Date</small>

Medical Provider's Verification of Need Statement

In the space below please verify that you (<u>Do</u> or <u>Do Not</u>) medically support the need for an additional <u>bedroom</u> for the requestor and state your reason(s).

My signature at the right serves to acknowledgement that I have read and understand this form and the penalty for any misrepresentation.		
	<small>Medical Provider's Signature</small>	<small>Date</small>

HOUSING AUTHORITY OF HENDERSON

Request for Reasonable Accommodation (Step1)

You may utilize this form to request that the Housing Authority Henderson of the City of Henderson, Kentucky provide a reasonable accommodation to you, or any member of your household who has a disability, so that you or a member of your household may utilize your residence, or any of the HA’s facilities, programs or services.

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 date and sign your name at the bottom of this form and return the form to the property manager’s office. If you need assistance in understanding whether you or a member of your household is a “qualified individual with a disability” or if you need assistance in completing this form, please contact your local property management office or the HA’s Section 504/ADA Coordinator.

The 504/ADA Coordinator for this agency is: _____

Date of Request:			
Applicant/Resident Name	SSN	Phone	Address
City		State	Zip
<input type="checkbox"/> I am requesting the following reasonable accommodation(s) for myself.			
<input type="checkbox"/> I am requesting the reasonable accommodation(s) on behalf of:		(Name):	
My reason(s) for requesting this reasonable accommodation:			
Please indicate which option you prefer:			
<input type="checkbox"/> I wish to have modifications made to my current unit only			
<input type="checkbox"/> I would consider moving to a unit that is currently modified, but only within my current development			
<input type="checkbox"/> I would consider moving to a unit that is currently modified in another Development			
<input type="checkbox"/> I wish to have an additional bedroom in any development			
<input type="checkbox"/> I wish to have an additional bedroom, but only within my current development			

A health care professional may provide verification of your disability.

You may request a physical modification to your current unit or a transfer to a unit that has been previously modified [in your development or another development]. The HA will work with you to determine how to fulfill your reasonable accommodation request. The HA may require documentation to support your reasonable accommodation request(s).

Signatures

Applicant/Resident/Participant		Date
HA Representative		Date
Name	Date	Address
City	State	Zip

HOUSING AUTHORITY OF HENDERSON

Verification of Disability

Dear Health Care Professional:

The above resident/applicant indicated that he/she, or a member of his/her household, needs a reasonable accommodation because of a disability in connection with a Housing Authority of Henderson (HA) residence, facility, program, or service. As a health care professional you can verify the above information.

The HA is required to send the request directly to the provider and will use this information to evaluate your request for a reasonable accommodation. The HA will keep this information confidential.

Request for needed accommodation or modification			

Health Care Provider, Other Individual, Clinic, or Agency Information			
↑Name of Health Care Provider, Other Individual, Clinic, or Agency↑			
↑Address↑			
			()
City	State	Zip	Phone

Signatures	
↑Requestors Signature↑	Date
↑PHA Representative Signature↑	Date

HOUSING AUTHORITY OF HENDERSON
Approval of Request for Reasonable Accommodation

Date: _____

To: _____

Address _____

City, State, Zip _____

Dear Applicant or Resident:

_____ Housing Authority has received and approved your request for reasonable accommodation.

Specifically, you requested:

We will provide you with the requested accommodation(s) by:

Although we have approved your request, we will not be able to complete your accommodations until:

Date: _____ Describe the reason(s) for the delay: _____

If you have any questions regarding this matter, please contact the Barret Center Office:

Property Manager	Address	Phone
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If you think that this change or modification is not what you requested; if this is unacceptable; or, if you object to the length of time it will take to provide your request, you may contact the Public Housing Authority Section 504/Coordinator:

504 Coordinator	Address	Phone
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In addition, you may exercise your right to appeal a Housing Authority decision through the local HUD FHEO office or the U.S. Department of Justice. You may contact the local HUD office or the Kentucky Commission on Human Rights:

U.S. Department of Housing and Urban Development
601 West Broadway, Room 110
Louisville, KY 40202
Telephone (800) 669-9777
Or
Kentucky Commission on Human Rights
332 West Broadway, Suite 700
Louisville, KY 40202
(800) 292-5566

Sincerely,

Property Manager

HOUSING AUTHORITY OF HENDERSON

Denial of Request for Reasonable Accommodation

Date:

To:

Address:

City, State, Zip:

Dear Applicant or Resident:

Housing Authority Henderson (HAH) has received your request for reasonable accommodation.

Specifically, you requested:

✓ One	Your request has been denied for one or more of the below reasons.
	You do not meet the definition of a “qualified individual with a disability” as explained in the “Reasonable Accommodation Policy” and, therefore, we are not required to provide you with a reasonable accommodation.
	We have determined that your request is not “reasonable” for the following reasons:
	Your requested accommodation is structurally infeasible for the following reasons:
	Your requested accommodation would result in a fundamental alteration in the nature of our program for the following reasons:
	Your requested accommodation would result in an undue financial and administrative burden for the PHA for the following reasons:

Although we were unable to approve your specific reasonable accommodation request(s), we would like to give you the opportunity to meet with us to discuss an equally effective accommodation that may meet your needs. You may bring a friend, advocate, or attorney with you to meet with us. To schedule a meeting please notify the person below:

Name	Address	Phone
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In addition, you may exercise your right to appeal a HA decision through your local HUD FHEO office or the U.S. Department of Justice. You may contact the HUD office or Kentucky Commission on Human Rights at:

U.S. Department of Housing and Urban Development
601 West Broadway, Room 110
Louisville, KY 40202
Telephone (800) 669-9777
Or
Kentucky Commission on Human Rights
332 West Broadway, Suite 700
Louisville, KY 40202
(800) 292-5566

Sincerely,

Project Manager

Request for Specific Live-In Aide

Request for Initial Approval/Continuation of Specific Live-In Aide

Date: _____

Head of Household: _____

Name of household member requiring live-in aide: _____

Name of live-in aide: _____

Social Security number of live-in aide: _____

I certify that the person I have selected as my live-in aide is essential to my care and well-being, is not obligated for my support, and would not be living in the unit except to provide the necessary supportive services.

The medical condition requiring the live-in aide's assistance exists and the live-in aide will be/is currently residing in my unit.

The live-in aide is not providing me any financial compensation for being allowed to live in my assisted unit.

The live-in aide:

is not related to me

is related to me (relationship): _____

If the live-in aide is a relative, I certify that all of the following are true:

- The relative is capable of providing the required care for me.
- The relative has never been a member of my household while I was receiving housing assistance.
- The relative has never made regular contributions to my household while I was receiving housing assistance.
- There is no other reason for the relative to live in the unit other than to provide care for me.
- The relative will maintain his/her finances separately and live independently from my household, providing care primarily as a business transaction.
- The live-in aide has not been convicted of a violent or drug related offense and has not been evicted from a federally assisted unit for drug-related activity in the last 3 years.

There is a provision in federal regulations that allows a public housing agency to permit a full-time live-in aide under certain circumstances.

Under Title 24, 5.403 of the Code of Federal Regulations:

A live- in aide is a person who resides with one or more elderly persons, near-elderly persons or persons with disabilities and who is:

- (1) Determined to be essential to the care and well-being of the persons;
- (2) Is not obligated for the support of the persons; and
- (3) Would not be living in the unit except to provide the necessary supportive services. It should be noted that the definition applies to a specific person (i.e., identified live-in aide). In accordance with this definition, a live- in aide is not a member of the assisted family and is not entitled to the Housing Choice Voucher or Public Housing or NSP unit as the remaining member of the tenant family.

In accordance with 24 CFR Section 982.316, the PHA must approve a live- in aide if needed as a reasonable accommodation in accordance with 24 CFR part 8 to make the program accessible to and usable by a family member with a disability.

The PHA may disapprove a particular person as a live- in aide if s/he has:

- (1) Committed fraud, bribery or any other corrupt or criminal act in connection with any federal housing program;
- (2) Committed drug-related criminal activity or violent criminal activity; or
- (3) Currently owes rent or other amounts to the PHA or to another PHA in connection with Section 8 or public housing assistance under the 1937 Act.

If your situation requires the level of daily care provided by a live-in aide, an additional bedroom subsidy under the public housing, NSP or Housing Choice Voucher programs will be approved for you. While a live-in aide is not technically a part of your “family”, he/she will be responsible for abiding by the rules and regulations of the lease. **Your live-in aide is not eligible to sign documents for you with regard to this program.** Additionally, your live-in aide will not be eligible to live in the Public Housing, NSP or HCV assisted unit should you be unable to live there for any reason.

Finally, if approved to have a live-in aide reside with you in your unit, the PHA *must* perform a routine criminal background check. We will inform you if the person who you wish to employ has a criminal background that may otherwise disqualify them from living in Public Housing, NSP or a HCV assisted unit.

Signature of household member requiring live-in aide: _____

Date: _____