

**NON DISCRIMINATION ON THE BASIS OF DISABILITY AND REASONABLE  
ACCOMMODATIONS – PROCEDURES**

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### I. GENERAL PROVISIONS

- A. Staff is to treat each case individually and each case is to be reviewed based on its own merits.
- B. To the greatest extent possible, reasonable accommodation requests are to be evaluated and decided at the Manager level.
- C. In addition to the general procedures outlined in this Exhibit, staff is to follow any additional procedures found in the Section 8 Administrative Plan, the Public Housing Admission and Continued Occupancy Policy, or any department directives.
- D. For the purpose of this policy, Client shall mean a current or former: applicant for, participant in, or resident of a HACLA housing or non-housing program.
- E. Staff will engage in discussion with the Client to determine what policy exception or reasonable accommodation is being requested and to identify acceptable alternative accommodations if necessary.
- F. Staff must document on appropriate forms and in the appropriate business system all reasonable accommodation requests and subsequent actions as well as all efforts and interaction with the Client and Provider/Worker.
- G. HACLA will provide the initial response to a reasonable accommodation request no later than 30 calendar days from the receipt of the request.
- H. Public meetings request for reasonable accommodations are not outlined in this document, please refer to Public Meetings in the Manual of Policy and Procedures, Section 125:1 IV E. All requests must be made to the contact person identified in the meeting notice and prior to the meeting date. Request can be made by telephone, e-mail, or sent via TTY.
- I. In cases where there may be a question as to policy, procedures, or HACLA responsibility, Staff is to consult with their Manager prior to any decision/action. If there is still doubt, the manger is to consult with the 504 Coordinator.

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### II. FORMS USED FOR PROCESSING REASONABLE ACCOMMODATION REQUESTS

Form #	Name	Purpose	How Used
S504-01	Notice of Non Discrimination Based on Disability and Reasonable Accommodation Policy	Provides notice to Clients	Include in all interview/review packets Print on <b>8 ½ x 14 only</b>
S504-02	Reasonable Accommodation Questionnaire	Allows Client to indicate whether or not they need a reasonable accommodation	Include in all interview packets with the S504-01 or provide to Client upon request. Collect as part of review process. Print <b>8 ½ x 14 - only</b>
S504-03	Certification of Need for Reasonable Accommodation	To obtain 3 <sup>rd</sup> party verification of need by Provider/Worker	Send to Provider/Worker listed on 501-02. Client signs Section B. HACLA mails to Provider/Worker. Print on <b>8 ½ x 14 only – 2 sided</b>
S504-03A	Certification of Need for an Additional Bedroom for Medical Equipment/Supplies	To obtain 3 <sup>rd</sup> party verification of medical equipment/supplies to justify an additional bedroom	Send to Provider/Worker attached to S504-03 if the request is for an additional bedroom. Print on 8 ½ x 11
S504-04	Self-Certification of Need for Reasonable Accommodation	For Client's whose disability and need for an accommodation is evident	Provide to Client as necessary. Only Assistant Managers or higher may approve. Print 8 ½ x 11
S504-05	Verification of Mitigating Circumstances	To verify the mitigating circumstances	Client needs to sign Section A to authorize release of information. HACLA completes section B and sends to the person indicated by Client on S504-05. Print on <b>8 ½ x 14 only – 2 sided</b>
S504-06	Agreement for a Reasonable Accommodation Due to Mitigating Circumstances	To document Client's agreement to comply with program rules	HACLA completes Section A and Client completes Section B. Provide a copy to the Client when complete. Print on 8 ½ x 11
S504-07	Request for Additional Information	Send to Client to request documents or assistance in contacting Provider/Worker	HACLA sends if after 30 days from request, documents are missing or Worker/Provider has not responded. Print on 8 ½ x 11
S504-08	Reasonable Accommodation Related Grievance Form	For use by Client to grieve a denial of a reasonable accommodation or report discrimination due to disability	Client to complete and submit directly to the Accessibility Coordinator. Print on <b>8 ½ x 14 only</b>
S504-09	Record of Units Offered for a Reasonable Accommodation Request	To track offers made to clients needing HACLA owned accessible units	With each offer document the data requested on the form. Maintain in client's file. Print on 8 ½ x 11

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### III. REQUESTING REASONABLE ACCOMMODATIONS

- A. As part of the initial and each subsequent interview process, the head of household is to receive the Notice of Nondiscrimination Based on Disability (“Notice”, S504-01) along with the Reasonable Accommodation Questionnaire (“Questionnaire”, S504-02). If the Questionnaire is returned indicating a need for an accommodation, follow the procedures in this Exhibit.
- B. During the application process, recertification, or upon the request of the Client, staff are to explain the procedure to request a reasonable accommodation and provide the necessary forms. Forms may be provided in an alternative format as needed (e.g.: large print).

Staff is to provide assistance to the client in completing forms if requested.

- C. Equal consideration to a reasonable accommodation request must be given even if the request is done orally or on other than HACLA’s standard forms. Such requests will still require the need for verification of the nexus between the disability and the requested accommodation if it is not evident.
1. If the request is done orally, staff are to provide the requestor with the Questionnaire and Certification of Need for Reasonable Accommodation form (“Certification” S504-03) so that the name and contact information for the health care provider or case manager/social worker (now known as “Provider/Worker”) and release of information authorization can be obtained.
  2. If the request is done in writing in a form other than HACLA’s forms, have the requestor sign the authorization on the Certification form and if needed, the Questionnaire to get the information on the Provider/Worker.
  3. A Client’s refusal to sign the form will not be grounds for denial of a request as long as the Client is able to provide alternative verification if it is necessary.
- D. For reasonable accommodation requests, staff are not to ask about the nature or severity of the disability. Staff may ask questions of all households (regardless of disability status) to determine if the household/participant is:
1. Able to meet the requirements of ownership or tenancy;
  2. Qualified for a dwelling available only to persons with disabilities or to persons with a particular type of disability;

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3. Is qualified for a priority available to persons with disabilities or to persons with a particular type of disability;
  4. Qualified for an allowance or deduction based on a disability;
- E. Staff is not to request more information about a Client's disability or need for an accommodation if the nexus between the disability and accommodation is known and apparent.

### IV. VERIFYING A REASONABLE ACCOMMODATION REQUEST

#### A. Third-Party Verification of Need for Accommodation

Third-party verification is required when the disability and/or need for the requested accommodation is not evident or has not been previously established.

On rare occasions a Client may not be willing to sign a release for verification due to privacy issues. In such situations staff are to work with the Client to obtain the information as best as possible in accordance to the Verification Hierarchy steps.

1. If the Client submits a completed Questionnaire (S504-**02**) indicating a need for an accommodation, provide the Client with the Certification form (S505-**03**). The person for whom the accommodation request is made must sign and date in the space provided to authorize the release of information. If the request is for a minor or a person who lacks legal capacity, the parent/legal guardian is to sign the release.

If the request is for an additional bedroom for medical equipment or supplies, staff must attach form S504-03A with the Certification sent to the Provider/Worker.

2. At the Client's request, the HACLA staff may assist the Client in completing forms. Staff shall verify that the Client agrees with the description of the accommodation that staff has written on the forms.
3. After the Client has signed the Certification, staff shall mail, fax or scan/e-mail the form(s) to the Provider/Worker indicated on the Questionnaire.
4. If upon receipt of the Certification form, the form is not complete, staff is to contact the Provider/Worker to obtain missing information. Staff must document the attempts made to contact the Provider/Worker and the information received.

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- B. Self-Certification of Need for a Reasonable Accommodation
1. A self-certification of disability and need for **an** accommodation may be requested by an individual with disabilities, if all of the following exist:
    - (a) The individual has an obvious and/or visible disability (such as an individual who regularly uses a wheelchair or an individual with a hearing impairment); and
    - (b) The accommodation requested is clearly related to the individual's disability (for example, a mobility-impaired person requests a grab bar or a hearing-impaired person requests a sign language interpreter);
  2. The Self-Certification of Need for Reasonable Accommodation form (S504-04) will replace the standard Certification (S504-03) form. The Self-Certification form must be signed and dated by the person needing the accommodation, unless the request is being made on behalf of a minor or a person who lacks legal capacity. In such cases the form must be signed and dated by the parent, guardian, conservator, or attorney in fact who holds an appropriate power of attorney.
  3. If the manager cannot ascertain whether or not the requested accommodation is related to the disability, the individual will be informed that third-party confirmation of need for the accommodation requested is required. In this case, have the Client sign the standard Certification (S504-03) form so that staff can send it directly to the Provider/Worker.
- V. APPROVING A REASONABLE ACCOMMODATION REQUEST
- A. A request can be approved after the disability has been verified, the nexus has been established, and the request is deemed reasonable. Refer to the definition of Reasonable Accommodation found in the policy (MPP 125:1). Staff is to notify the Client of the approval in writing within 5-business days of the approval being determined. Refer to letter templates in Section XIII of these procedures.
  - B. The Approval Notice shall include the following information:

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1. For exceptions/adjustments to policy or procedure, the notice will briefly describe the exception/adjustment to the policy or procedure that is being granted as the accommodation. The notification will also include the name and contact information for the HACLA staff that the Client can direct questions regarding the accommodation.
2. For modifications to HACLA owned units, the notice will include:
  - a. The description of the reasonable accommodation to be provided;
  - b. The estimated date for implementation;
  - c. The contact person who can answer questions related to the unit modification;
3. For additional services, such as home visits, the notice will include the service to be provided and the date and time it will be provided.

### C. Need for Additional Information

1. If the information submitted by the Provider/Worker does not clearly demonstrate the nexus between the disability and the accommodation, staff must contact the Provider/Worker to obtain clarification prior to denying the request. All such contact must be thoroughly documented.
2. If after 30 calendar days, the Provider/Worker has not returned the Certification (S504-03) or has not responded to requests for additional information, complete the Reasonable Accommodation Request for Additional Information form (S504-08) and send it to the Client.
3. If there is a need to meet with the Client to obtain additional information, notify the Client by sending to them a letter requesting a meeting (refer to template in Section XIII). Follow up with phone calls to the Client to ensure they received the letter so that a mutually agreed upon date can be scheduled.
4. Prior to initial determination of complex cases, the Accessibility Coordinator is to be consulted.

## VI. DENYING A REASONABLE ACCOMMODATION REQUEST

Reasons for denials are found in Section X of the policy document (MPP 125:1).

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- A. If the information supplied on the Certification or Self-Certification form (or other Client provided documentation) does not confirm the existence of a disability or the nexus then the request will be denied.
- B. If the disability has been verified but the nexus is not clear, staff must contact the Client and/or Provider/Worker to get clarification.

Prior to a denial due to lack of documentation, staff is to complete the Request for Additional Information (S504-07) and send it to the Client to provide the Client a final opportunity to submit missing documentation.

- C. If the documentation verifies the existence of a disability but the accommodation requested is not reasonable, staff must consult with the Client to identify alternative accommodations.

If the Client rejects all reasonable alternative accommodations, then the request will be denied.

- D. If it is determined that the request will be denied then staff must notify the Client of the denial by sending them a letter within 5-business days of the determination of the denial. The letter shall state the reason(s) for the denial along with their right to appeal to the Director of the respective program.

### VII. REQUESTING A CONSIDERATION OF MITIGATING CIRCUMSTANCES

- A. A Client who requests a review of a negative action against them due to disability related mitigating circumstances can do so by submitting a signed Reasonable Accommodation Questionnaire (S504-02) and by signing Section A of the Verification of Mitigating Circumstances form (S504-05). If the request is for a minor or a person who lacks legal capacity, the parent/legal guardian must sign the release.

As with standard reasonable accommodation requests, the Client's request may be submitted orally or in writing on other than HACLA forms.

- B. Other appropriate documentation (such as a letter to the HACLA from the Provider/Worker on his/her letterhead) may be accepted in lieu of an S504-05 if it certifies that:
  - 1. the action or inaction by the Client that resulted in the denial, eviction or termination of assistance occurred was due to the person's disability;



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2. the situation has changed making it unlikely for the action or inaction to recur; and
  3. an accommodation related to the individual's disability would make the action or inaction unlikely to recur.
- C. If the certification is not complete, staff is to contact the Provider/Worker to obtain the missing information. Staff is to document efforts to contact the Provider/Worker as well as the information received.
- D. Acceptance.

Based upon the documentation, if the action or inaction by the Client was disability-related and program compliance is deemed likely, the request for mitigating circumstances will be accepted and the Client will be reinstated in good standing with the understanding that recurrence of the action or inaction by the Client may result in denial, termination or eviction.

Staff is to complete the Agreement for a Reasonable Accommodation Due to Mitigating Circumstances form (S504-06) and provide it to the Client for their signature. Upon signing the form the Client is to receive a copy of the Agreement and the original is to be placed in the Client's file.

E. Denial

The HACLA may reject the request and proceed with the action against the Client if:

1. The action or inaction by the person was not verified as related to his/her disability; and/or
2. Program compliance is deemed unlikely since the Client refuses to enter into an Agreement (S504-06), if an agreement is warranted.

Within 30 calendar days from the determination of the denial, the HACLA will send a letter informing the Client of the decision and their right to due process.

VIII. APPEALS AND GRIEVANCES

As indicated in Section XII of the policy, the HACLA follows a two-tier Grievance system. Tier 1 is an Appeal to the Department Director and Tier 2 is a Grievance to the Accessibility Coordinator.

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The Client has 30 calendar days from the date of the denial to submit an appeal to the HACLA. Additional time may be provided if due to the disability, the client is not able to respond within the timeframe.

### A. Appeal

1. If a Client has been denied a reasonable accommodation, the Client may request in writing an appeal to be reviewed by the Department Director (or his/her designee). The appeal may include additional documentation that can be used to help in the determination.
2. Review of the appeal will be conducted within 30 calendar days of the receipt of the appeal unless more time is needed to gather additional information.
3. If the reasonable accommodation is granted after the appeal, the reviewer will send a letter to the Client describing the details of the approval.
4. If the appeal is denied, the reviewer shall send a letter stating the reason(s) for the denial. The letter must state the Client's right to file a grievance to the Accessibility Coordinator.

### B. Grievance

#### 1. Submission of Grievance

The grievant shall use the *Disability-Related Grievance Form S504-08* and may submit any written information the grievant believes to be relevant to their grievance. The Accessibility Coordinator, or designee, will explain the grievance process and how to complete the form. If the client requests or requires assistance, staff will assist him or her to complete the form. The Accessibility Coordinator will explain that the grievant may also submit any information in written or electronic form that the grievant believes to be relevant to the grievance.

#### 2. Review

The Accessibility Coordinator will review the grievance and all information submitted. The investigation process shall be informal, thorough, and may include, but is not limited to:

- a. Meeting(s) or telephonic interviews with the grievant and other interested persons; and

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- b. Providing an opportunity for the grievant and other interested parties to submit relevant evidence related to any barriers to accessibility, including physical structures, and procedures; and
  - c. An evaluation of the facts.
3. Determination
- a. The Accessibility Coordinator shall prepare a written determination. The Accessibility Coordinator shall consider all factual information, the totality of the circumstances and any other information provided by the grievant.
  - b. A written discussion of the findings relative to the grievance, including:
    - (1). Statement of the grievance;
    - (2). Statement of the evidence;
    - (3). Finding(s); and
    - (4). Plan of resolution, where warranted.

The plan of resolution, where warranted, will include directives to staff covering the corrective action to be taken, including dates of completion
  - c. Based upon the findings, Department Directors/Assistant Directors must take reasonable steps to protect the grievant from discrimination or retaliation as a result of making the grievance.
 

If it is determined that a HACLA employee acted in a discriminating manner the facts related to the case will be forwarded to the Human Resources Director for follow up.
  - d. A copy of the determination shall be forwarded to the grievant and the respective Manager and Department Director
  - e. In most cases, a determination will be made within 30 calendar days. If additional information is needed, the grievant will be expected to respond within 15 calendar days. Once provided with the necessary information, the Accessibility Coordinator will respond within 30 calendar days, barring extenuating

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circumstances. In cases of delay, the Accessibility Coordinator will notify the grievant either orally or in writing why additional time is needed to respond to the grievance.

**IX. ACCOMMODATION REQUESTS TO PRIVATE OWNERS UNDER THE TENANT BASED SECTION 8 PROGRAM**

This section does not apply to project-based properties.

- A. Clients are required to obtain owner's approval before making any physical modification to units/common areas. Depending on the situation it may be the responsibility of Client or the owner to pay for the modification.
- B. Staff are to direct Clients and Owners to the HACLA website [www.hacla.org/504](http://www.hacla.org/504) for links to guidance and resources regarding physical modifications.
- C. If an owner denies a reasonable accommodation request:
  - 1. The family may contact their Section 8 Advisor ("Advisor") for help with an owner who refuses to allow any modification at all.
  - 2. The Advisor or Ombudsperson will encourage the owner to refer to the Fair Housing brochure included in his owner's packet and/or to contact his or her personal attorney or a Fair Housing organization for further guidance.
  - 3. If the owner still refuses to allow the accommodation, the Advisor or Ombudsperson will provide the family information on how to file a housing discrimination complaint and/or refer the participant to HUD or a Fair Housing agency to make a complaint.
  - 4. A participant family, unable to make necessary unit modification(s), may be issued a voucher prior to the end of the initial lease term so that the family can locate a unit that has the necessary accessibility features. The family needs to work with the owner to obtain a release from the lease in order to relocate.

**X. AVAILABILITY OF HACLA-OWNED ACCESSIBLE UNITS**

- A. Priority for Accessible Units

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Available accessible units or units with accessibility features are offered to qualified applicants and residents who require such a unit, priority is determined as follows:

1. A current resident family with a member with disabilities living at the site where the accessible unit is located;
2. A current resident family with a member with disabilities who lives at another sites;
3. An applicant family with a member with disabilities who needs the accessibility features.
4. If there are no resident or applicant families with a member with disabilities interested or available, then the unit may be leased to an applicant or resident without a disability. However, the lease for all residents will include a provision requiring the resident family with no member with disabilities to transfer to a non-accessible unit if a family with a member with disabilities subsequently requires the accessible unit.

**B. Transfers**

1. If a resident family with a member with disabilities has a need for a reasonable accommodation, but the resident's current unit cannot be reasonably modified, the resident will be offered a transfer to a suitable unit within the site in which the resident resides. A suitable unit is one that is the appropriate bedroom size and provides the necessary reasonable accommodation, or can be modified to provide the necessary reasonable accommodation.
2. If a suitable unit that meets the needs of the resident family with a member with disabilities is not available in the site where the resident resides, the resident will be offered an alternative site under the same housing program.
3. If a suitable unit that provides the reasonable accommodation is not available, the resident shall be placed on a waiting list and will be offered the next available suitable unit at any of the sites within the same housing program.
4. If a Public Housing resident's need for the accommodation is deemed an emergency under the HACLA's Admission and Continued Occupancy Policy and cannot be met in a reasonable period of time by the Housing Services Department, the Housing Services Director

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may request the Section 8 Director, to offer tenant-based Section 8 assistance if available.

### C. Documenting Offers of Accessible Units.

1. A Record of Units Offered for Reasonable Accommodation Request, Form S504-09, shall be completed by Housing Services/Asset Management staff for each offer extended to Clients of the HACLA-owned accessible units.
2. Copies of the completed form S504-09 shall be placed in the Client file.
3. Regardless if the offer is made orally or in person, send a letter confirming each denied or accepted offer to the Client and keep a copy in the Client file.

### D. Accessible Unit Inventory.

The Housing Services and Asset Management Departments will maintain an updated inventory of units which are fully accessible or which have accessibility features. The inventory information shall include units by housing site, unit number, bedroom size and type of features available.

## XI. HUD-INITIATED OR FAIR HOUSING ORGANIZATION FORMAL COMPLAINT

- A. Complaints received by HUD's Fair Housing and Equal Opportunity (FHEO) office or from a Fair Housing organization, are to be forwarded to the appropriate Department Director, with a copy to the Accessibility Coordinator.
- B. The Department has the primary responsibility for gathering the facts and preparing the response. The Department must consult with the Accessibility Coordinator prior to the response being submitted.
- C. If HUD's FHEO or a Fair Housing organization requests a meeting to discuss the case, both representatives from the Department knowledgeable about the case and the Accessibility Coordinator are to be present at the meeting.
- D. Any requests for follow-up to a FHEO or Fair Housing complaint shall be prepared by the Department in consultation with the Accessibility Coordinator.
- E. The Department is responsible for any follow-up communication as necessary with the Client.

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XII. OVERSIGHT AND RECORDS MANAGEMENT

- A. Original documentation regarding reasonable accommodation requests are to remain in the Client file.
- B. In the case of a grievance, the Accessibility Coordinator is to be provided copies of all documents related to the case including, but not limited to, the S504-02, S504-03, the denial letter, and any other pertinent information.
- C. The Accessibility Coordinator shall be responsible for maintaining all documentation regarding HUD FHEO complaints and resolutions.
- D. Records will be maintained in accordance to the HACLA's Records Retention Policy (MPP 116:1).

XIII. COMMUNICATING WITH CLIENTS

- A. Written correspondence should be on approved HACLA letterhead.
- B. Copies of all correspondence with the Client are to be placed in the Client file. This includes copies of any electronic communications such as e-mails and notes of any phone conversations.
- C. Letters should clearly explain decisions, directives, request to the Client, arrangements for providing the accommodation if approved, or any possible delays for unit modification.
- D. Denial letters should clearly explain why a request was denied. Do not use technical language without providing a definition. Under no circumstance should the reason only state "No Nexus."
- E. Communication with Clients should adhere to the HACLA's Limited English Proficiency policy (MPP 121:1).
- F. Notes are to be made in the business system to indicate if a Client requires special form(s) of communication (such as large print, use of TTY or California Relay, email preference, audio...).
- G. Staff are to consult with their manager when a Client requires a special form of communication.
- H. The following pages provide samples of letters to Clients for the following the circumstances:

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1. Approval of Reasonable Accommodation – Housing
2. Approval of Reasonable Accommodation – Section 8
3. Denial of Reasonable Accommodation
4. Reasonable Accommodation Meeting Request



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***Sample for Housing Approval***

**Date**

Name  
Address  
City, State, Zip

RE: Approval of Reasonable Accommodation Request

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

This letter is to notify you that your request for [state what the request was] as a reasonable accommodation has been approved.

*[In this section tell the Client any info they need, including any possible schedule of work being done, any directions they may need to prep their unit if necessary.....if any delay, explain the reason why, e.g.: due to the need to get bids and secure vendors or lack of vacant flat units....]*

*[If it was agreed that the Client will do x, y, or z as part of the accommodation confirm it in this section...provide any additional directives...]*

If you have any questions or concerns regarding this issue, please contact the \_\_\_\_\_ (Site Name) management office during regular business hours (Monday – Friday 8:00 am - 4:30 pm) to set up an informal meeting. The phone number for the office is (\_\_\_\_) \_\_\_\_\_.

Sincerely,

Name  
Title

Copy: Client File

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***Sample for Section 8 Approval***

Date

Name

Address

City, State, Zip

RE: Approval of Reasonable Accommodation Request

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

This letter is to inform you that your request for [state what the request was] as a reasonable accommodation has been approved.

*[If applicable]* Your request will be effective \_\_\_\_\_.

*[In this section provide the Client with any follow up info that they need to be aware of if any, or provide additional directives.....]*

If you have any **questions or concerns regarding this issue, please contact [provide staff person's name] at [phone number]** during regular business hours (Mon – Fri 8:00 am - 4:30 pm) to set up an informal meeting. The phone number for the office is (\_\_\_\_)

\_\_\_\_\_.

Sincerely,

Name

Title

Copy: Client File

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***Sample of a Denial Letter***

Date

Name

Address

City, State, Zip

RE: Denial of Reasonable Accommodation Request

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

This letter is to notify you of the denial of your request for [state what the request was] as a reasonable accommodation.

After careful consideration of all pertinent facts, your request has been denied because Provide clear non technical language explaining why the request was denied, refer to Section X of the policy for reasons to deny a request.

If you would like to appeal this decision you have 30 calendar days from the date of this letter to submit an appeal in writing to the [Department Name] Director. Appeals can be mailed to:

Department Director's Name  
Housing Authority of the City of Los Angeles  
2600 Wilshire Blvd  
Los Angeles, CA 90057

If you have any questions please contact me during regular business hours (Mon – Fri 8:00 am – 4:30 pm). My number is (XXX) XXX-XXXX and my email is [first.last@hacla.org](mailto:first.last@hacla.org).

Sincerely,

Name

Position

Cc: Client File

