

## Reasonable Accommodation Policy

### I. Introduction

The Housing Authority of the City of Bangor (“BHA”) is committed to ensuring that its policies and procedures do not deny individuals with disabilities the opportunity to participate in, or benefit from, or otherwise discriminate against individuals with disabilities, on the basis of disability, in connection with the operations of BHA’s programs, services and activities.

Therefore, BHA will make reasonable adjustments to its rules, policies, practices, or services when such accommodations may be necessary to afford a tenant or applicant with a physical or mental disability the equal opportunity to use and enjoy a dwelling unit, including public and common use areas, unless doing so would result in a fundamental alteration in the nature of the program or an undue financial and administrative burden.

BHA will post a copy of this Reasonable Accommodation Policy (the “Policy”) in its Administrative Office, located at 161 Davis Road, Bangor, Maine and on its website at <https://www.bangorhousing.org/>. In addition, individuals may obtain a copy of this Reasonable Accommodation Policy from the BHA’s Section 504 Coordinator.

### II. Authority

This Policy is based on the following federal and state civil rights laws and regulations: 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; the respective implementing regulations for each Act; and the Maine Human Rights Act.

### III. Monitoring

BHA’s Section 504 Coordinator is responsible for monitoring its compliance with this Policy. Individuals who have questions about this Policy, including its interpretation or implementation, can contact BHA’s Section 504 Coordinator:

**Housing Authority of the City of Bangor**  
**Michael Myatt, Section 504 Coordinator**  
**161 Davis Road**  
**Bangor, ME 04401**  
**Tel: 942-6365**  
**Fax: 942-6043**  
[MMyatt@bangorhousing.org](mailto:MMyatt@bangorhousing.org)

#### **IV. Training**

BHA's Section 504 Coordinator will ensure that appropriate BHA staff receive adequate training about this Policy and applicable Federal, state, and local requirements regarding reasonable accommodations.

#### **V. 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 Program. BHA generally does not provide a reasonable accommodation without a request first having been made. A request does not need to be made in a particular manner or at a particular time. An eligible person does not need to personally make the request; it can be made by a family member or someone else acting on the person's behalf.

The decision to approve or deny a request for a reasonable accommodation is made on a case-by-case basis, taking all relevant considerations into account.

#### **VI. Disability**

Under federal and state law, an individual is considered disabled if they have a physical or mental impairment that substantially limits one or more of their major life activities; has a record of such an impairment; is regarded as having such an impairment; or, under state law, requires special education, vocational rehabilitation or related services.

Physical or mental impairment can include practically any condition, disease, illness, disfigurement or disorder, regardless of severity, including but not limited to: absent, artificial or replacement limbs, hands, feet or vital organs; alcoholism; amyotrophic lateral sclerosis; bipolar disorder; blindness or abnormal vision loss; cancer; cerebral palsy; chronic obstructive pulmonary disease; Crohn's disease; cystic fibrosis; deafness or abnormal hearing loss; diabetes; substantial disfigurement; epilepsy; heart disease; HIV or AIDS; kidney or renal diseases; lupus; major depressive disorder; mastectomy; intellectual disability; multiple sclerosis; muscular dystrophy; paralysis; Parkinson's disease; pervasive developmental disorders; rheumatoid arthritis; schizophrenia; and acquired brain injury. Physical or mental impairment does not include psychoactive substance use disorders resulting from current illegal use of drugs.

#### **VII. Processing Requests**

BHA provides a "Request for Reasonable Accommodation" ("Request Form") to all applicants, residents, and/or individuals who may want to request a reasonable accommodation. Requests may, however, be submitted in writing, orally, or by any other equally effective means of communication. If needed as a reasonable accommodation, BHA will assist the individual in completing the Request Form. It may also be provided in an alternative format, upon request.

Within seven days of receipt of a request, BHA will forward the request to the Section 504 Coordinator.

Within fourteen calendar days of receipt of a request, BHA will respond, including whether additional information or documentation may be required. BHA will notify the individual, in writing, of the need for

the additional information or documentation. The written notification will provide the individual with a reply date for submission of the outstanding information or documentation.

Additional information or documentation may also be required if, for example, the individual's disability or need for the accommodation are not apparent or readily known to BHA, including but not limited to being documented in BHA's files for the individual. If BHA requires verification of the individual's disability and/or need for the accommodation, it will send a request for that verification to the person identified in the Request Form. BHA will send this verification within fourteen days of receipt of the request.

Within twenty-eight days of receipt of the request or receipt of all required supporting documentation (including verification of disability and/or need for the requested accommodation), whichever is later, BHA will provide written notification to the resident (or applicant) of its decision on the request. Verifications are discussed further in Section VIII below. Upon request, the written notification will be provided in an alternate format.

If additional information or documentation is required and BHA does not receive this information or if the information or documentation does not establish that the individual is disabled or needs the accommodation, the request will be denied. In denying the request, BHA will inform the individual of the reason(s) for the denial and the right to request a meeting and/or hearing pursuant to BHA's Grievance Policy.

If BHA receives additional information or documentation but it believes that the request is not reasonable (i.e., it would impose an undue financial or administrative burden or it would fundamentally alter the nature of BHA's programs), BHA will engage in an interactive process with the individual where they will discuss whether there is an alternative accommodation that would effectively address the individual's disability-related needs that is reasonable. If the alternative accommodation would effectively meet the individual's disability-related needs and is reasonable, BHA will grant it. If there is not such an alternative accommodation, however, BHA may deny the request. In denying the request, BHA will inform the individual of the reason(s) for the denial and the right to request a meeting and/or hearing pursuant to BHA's Grievance Policy.

Denials of reasonable accommodation requests are discussed further in Section IX below.

All requests that are approved will be implemented promptly.

## **VIII. Verification**

BHA may request documentation of the need for a reasonable accommodation as identified on the Request Form. BHA may also need to verify the existence of a disability, to the extent necessary to ensure that the individual who made the request has a disability-based need for the requested accommodation.

BHA will not require individuals to disclose confidential medical records in order to verify disability. BHA also will not require specific details regarding the individual's disability or the nature or extent of the disability. BHA will only request documentation to confirm the disability-related need for the requested reasonable accommodation.

If BHA receives documentation that contains an individual's specific diagnosis, information regarding the

individual's treatment, and/or information regarding the nature or severity of the individual's disability, BHA will immediately dispose of this confidential information and note in the individual's file that it received verification of disability, without reference to the specific diagnosis, the date received, and the name and address of the person/organization that provided the verification

The following may provide verification of a disability and the need for the requested accommodation(s):

- A. Doctor;
- B. Other health professional;
- C. Peer support group;
- D. Non-medical service agency; or
- E. A reliable third party who is in a position to know about the disability.

**IX. Denial of Reasonable Accommodation Request(s)**

Requested accommodations will not be approved if:

- A. There is no disability;
- B. There is no disability-related need for the accommodation;
- C. Granting the requested accommodation would result in violation of state and/or federal law;
- D. Granting the requested accommodation would cause:
  - i. A fundamental alteration in the nature of BHA's public housing program;
  - ii. An undue financial burden on BHA; or
  - iii. An undue administrative burden on BHA;

**X. Transfer as Reasonable Accommodation**

BHA 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 a dwelling unit modification that involve structural changes, including, but not limited to widening entrances, rooms, or hallways, and there is a vacant, comparable, and appropriately sized UFAS-compliant unit in that resident's project or an adjacent project, BHA may offer to transfer the resident to the vacant unit in his/her project or adjacent project in lieu of providing structural modifications. However, if that resident rejects the offered transfer, BHA 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, BHA will work with the resident to obtain moving expenses from social service agencies or other similar sources. If that effort to obtain moving expenses is unsuccessful within

thirty (30) days of the assignment of the dwelling unit, BHA shall pay the reasonable moving expenses, including utilities fees and deposits.

## **XI. Housing Choice Voucher as Reasonable Accommodation**

A. When issuing a voucher as an accommodation, BHA must include a list of current available accessible units known to BHA, upon request. BHA will also provide search assistance. BHA may also partner with a qualified, local disability organization to assist the resident or applicant with the search for available, accessible housing.

B. 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.

C. BHA 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.

D. Upon request by an applicant, participant, or their representative, BHA can grant 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 BHA.

E. In exceptional cases, BHA may ask the Assistant Secretary for Public and Indian Housing of the U.S. Department of Housing and Urban Development ("HUD") for an exception payment standard amount over 120% of the FMR, provided the applicant, participant or the representative provides the appropriate supporting documentation.

## **XII. Assistance Animals**

BHA residents with disabilities are permitted to have assistance animals. An assistance animal is an animal, not just a dog, that is either determined necessary to mitigate the effects of a mental or physical disability by a physician, psychologist, physician assistant, nurse practitioner or licensed social worker or is individually trained to do work or perform tasks for the benefit of an individual with a physical or mental disability. This can include the types of externally-observable work service animals provide but also can include animals providing emotional support, well-being, comfort, or companionship related to an invisible disability; they can—but do not always—have special training to perform tasks that assist people with disabilities.

BHA may ask about the nature of an individual's disability, if it is not obvious or otherwise known to BHA, and for some evidence that the assistance animal has been trained or prescribed. BHA's request for this information will be made as discussed in Section VII above.

Assistance animals are not pets and, therefore, are not subject to BHA's Pet Policy. Assistance animals are subject to BHA's Assistance Animal Policy, however.

**XIII. Right to Appeal/Grievance Process**

- A. A public housing resident or applicant may file a complaint in accordance with BHA's Grievance Policy following a determination by BHA.
- B. A Housing Choice Voucher participant or applicant may file a complaint in accordance with BHA's Grievance Procedure following a determination by BHA.
- C. If a resident or applicant feels that they have been discriminated against, including that their reasonable accommodation request has been improperly denied, they can contact the Maine Human Rights Commission or the local HUD office, respectively, as follows:

**Maine Human Rights Commission  
State House Station 51  
Augusta, Maine 04333  
(207) 624-6290**

**U.S. Department of Housing and Urban Development  
Office of Fair Housing and Equal Opportunity  
Thomas P. O'Neill, Jr. Federal Building  
10 Causeway Street  
Boston, MA 02222-1092  
(617) 994-8300  
(800) 827-5005  
TTY: (800) 877-8339**

## NOTICE OF RIGHT TO REASONABLE ACCOMODATION

### WHAT IS A REASONABLE ACCOMODATION?

A change to our rules, policies, practices, or services when such an accommodation may be necessary to afford a tenant or applicant with a physical or mental disability the equal opportunity to use and enjoy a dwelling unit, including public and common use areas.

### WHO MAY REQUEST A REASONABLE ACCOMODATION?

Any tenant or applicant who meets the definition of disability under state or federal law.

### UNDER WHAT CIRCUMSTANCES MAY A REASONABLE ACCOMMODATION REQUEST BE DENIED?

A reasonable accommodation request may be denied if the request was not made by or on behalf of an individual with a disability; if there is no disability-related need for the accommodation; or if the requested accommodation is not reasonable, i.e., it would impose an undue financial and administrative burden or would fundamentally alter the nature of BangorHousing's operations.

### HOW DO I MAKE A REQUEST FOR A REASONABLE ACCOMODATION/MODIFICATION?

Complete the Reasonable Accommodation Request Form on the back of this notice. If you need help filling out this form or if you want to give us your request in some other way, we will help you. Michael Myatt has been designated as the 504 coordinator for BangorHousing. You can contact him or Josiah Brochu if you have any questions regarding Reasonable Accommodations by calling 942-6365, or email [mmyatt@bangorhousing.org](mailto:mmyatt@bangorhousing.org) or [JosiahB@bangorhousing.org](mailto:JosiahB@bangorhousing.org)

### HOW LONG DOES THE PROCESS TAKE?

Your request will be reviewed and you will usually receive a response within 30 calendar days after we have received your request, unless there is a problem getting the information we need or you have agreed to a longer time. We will notify you if we need more information.

### WHAT HAPPENS IF MY REQUEST FOR A REASONABLE ACCOMODATION IS DENIED?

If we deny your request, we will explain the reasons and you will have the opportunity to supply further information if you think it will help gain approval. You can also request a hearing.

#### FOR DENIAL, LEASE VIOLATION, EVICTION, OR TERMINATION

If this problem is as a result of a disability, you have a right to a reasonable accommodation – some plan that would enable you to meet the terms of the lease or other housing obligations. If you think such a plan or a change is likely to correct the problem, you can call **Michael Myatt** or **Josiah Brochu**. If you make such a request, you will need some evidence that the problem was caused by the disability and that the plan is likely to work. If it involves someone else, you need evidence that they will provide the assistance.

**REASONABLE ACCOMMODATION REQUEST FORM**

Name: \_\_\_\_\_ Date of Request: \_\_\_\_\_

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

1. A disability is a physical or mental impairment that substantially limits one or more major life activities; a record or having such an impairment; or being regarded as having such an impairment. The following member of my household has a disability: \_\_\_\_\_

2. As a result of this disability, the following accommodation is requested:

\_\_\_\_\_

\_\_\_\_\_

3. This accommodation is necessary because: \_\_\_\_\_

\_\_\_\_\_

4. By signing below, I authorize BangorHousing to verify that I or a member of my household has a disability and have a need for the specific accommodation requested. I also authorize the provider/practitioner listed below to complete and return the Reasonable Accommodation Verification Form to BangorHousing and to answer any other questions BangorHousing may have concerning this request. Information obtained under this authorization is limited to information from the last 12 months.

In order to verify the information in this Request Form, BangorHousing may contact:

Name/Title \_\_\_\_\_

Address \_\_\_\_\_

State/Zip \_\_\_\_\_ / \_\_\_\_\_ Phone/Fax \_\_\_\_\_ / \_\_\_\_\_

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

All information obtained by BangorHousing in connection with this request will be kept confidential and used solely to make a determination on this request for a reasonable accommodation.

Please Return This Completed Form To:

Housing Authority of the City of Bangor

Attn: Josiah Brochu

161 Davis Rd.

Bangor, ME 04401

Fax: 942-6043

Email: [JosiahB@bangorhousing.org](mailto:JosiahB@bangorhousing.org)

Warning: Section 1001 of Title 18, United State Code, makes it a criminal offense to make any knowing and willful false statement to any department or agency of the United States as to any matter within its jurisdiction, punishable by a fine not to exceed \$250,000.00 and/or imprisonment of not more than 5 years.





161 Davis Road • Bangor, Maine 04401

Tel: 207.942.6365

Fax: 207.942.6043

Voice/TTY: 711



## REASONABLE ACCOMMODATION VERIFICATION FORM

**Tenant/Applicant Name:**

**Date of Request:**

**Tenant/Applicant Address:**

**Requested Accommodation:**

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The Housing Authority of the City of Bangor (“BHA”) makes reasonable adjustments to its rules, policies, practices, or services when those accommodations are necessary to give a person with a physical or mental disability equal opportunity to use and enjoy housing.

An individual is considered disabled if they have a record of or are regarded as having or likely to develop a physical or mental impairment that substantially limits one or more of their major life activities, significantly impairs physical or mental health (i.e., has an actual or expected duration of more than 6 months and impairs health to a significant extent as compared to what is ordinarily experienced in the general population), or requires special education, vocational rehabilitation or related services.

An individual is also considered disabled if they have a record of or are regarded as having or likely to develop any of the following conditions, without regard to severity: absent, artificial or replacement limbs, hands, feet or vital organs; alcoholism; amyotrophic lateral sclerosis; bipolar disorder; blindness or abnormal vision loss; cancer; cerebral palsy; chronic obstructive pulmonary disease; Crohn's disease; cystic fibrosis; deafness or abnormal hearing loss; diabetes; substantial disfigurement; epilepsy; heart disease; HIV or AIDS; kidney or renal diseases; lupus; major depressive disorder; mastectomy; intellectual disability; multiple sclerosis; muscular dystrophy; paralysis; Parkinson's disease; pervasive developmental disorders; rheumatoid arthritis; schizophrenia; and acquired brain injury.

### Verification Questionnaire

The individual identified above has requested a reasonable accommodation. Please answer the following questions and return this completed form to BHA so it can promptly process this request.

1. Does the individual identified above have a physical or mental disability, as those terms have been defined above?  Yes  No
2. How are you associated with this individual? \_\_\_\_\_
3. How long have you been treating this individual? In your response, please do not include any details of the treatment. \_\_\_\_\_
4. Please provide your professional credentials that support your ability to assess whether the individual has a disability. \_\_\_\_\_

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5. Is the requested accommodation necessary to give a person with a physical or mental disability, as those terms are defined above, the equal opportunity to use and enjoy the housing?

Yes  No  There is another accommodation that will meet this individual's needs.

6. If you answered yes to No. 5, please describe how the requested accommodation will enable the individual the equal opportunity to use and enjoy the housing.

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7. If you answered that there is another accommodation to No. 5, please describe what other accommodation will meet this individual's needs?

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By signing below, you acknowledge and certify that all information provided in this form is accurate, complete, current, based on your own personal knowledge and/or treatment of the above-named individual, and that you are qualified to offer the opinions contained herein.

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Date

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Signature

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Phone Number

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Printed Name

---

Professional Title

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Professional License No. / State

**Please return this completed form to:**

Housing Authority of the City of Bangor  
Attn: Josiah Brochu  
161 Davis Road  
Bangor, ME 04401  
Fax: 942-6043  
Email: [josiahb@bangorhousing.org](mailto:josiahb@bangorhousing.org)



## REASONABLE ACCOMMODATION VERIFICATION FORM SERVICE AND ASSISTANCE ANIMALS

**Tenant/Applicant Name:**

**Date of Request:**

**Tenant/Applicant Address:**

BangorHousing makes reasonable adjustments to its rules, policies, practices, or services when such accommodations may be necessary to afford a tenant or applicant with a physical or mental disability the equal opportunity to use and enjoy a dwelling unit, including public and common use areas, including the use of service or assistance animals.

Under state and federal law, an individual is considered disabled if they have a physical or mental impairment that substantially limits one or more of their major life activities; has a record of such an impairment; is regarded as having such an impairment; or, under state law, requires special education, vocational rehabilitation or related services.

***Physical or mental impairment can include practically any condition, disease, illness, disfigurement or disorder,*** including but not limited to: absent, artificial or replacement limbs, hands, feet or vital organs; alcoholism; amyotrophic lateral sclerosis; bipolar disorder; blindness or abnormal vision loss; cancer; cerebral palsy; chronic obstructive pulmonary disease; Crohn's disease; cystic fibrosis; deafness or abnormal hearing loss; diabetes; substantial disfigurement; epilepsy; heart disease; HIV or AIDS; kidney or renal diseases; lupus; major depressive disorder; mastectomy; intellectual disability; multiple sclerosis; muscular dystrophy; paralysis; Parkinson's disease; pervasive developmental disorders; rheumatoid arthritis; schizophrenia; and acquired brain injury. Physical or mental impairment does not include psychoactive substance use disorders resulting from current illegal use of drugs.

### Verification Questionnaire

The tenant/applicant identified above has requested a reasonable accommodation from BangorHousing. So that BangorHousing can process this request, please answer the following questions and return this completed form to BangorHousing.

1. Is the individual identified above disabled, as that term has been defined above? \_\_\_Yes \_\_\_No
2. How are you associated with this individual? \_\_\_\_\_
3. How long have you been treating this individual? In your response, please do not include any details of the treatment. \_\_\_\_\_
4. Please provide your professional credentials that support your ability to assess whether the individual has a disability. \_\_\_\_\_  
\_\_\_\_\_

5. Is the requested animal either necessary to mitigate the effects of a mental or physical disability OR is the animal individually trained to do work or perform tasks for the benefit of the individual with a disability? \_\_\_\_ Yes \_\_\_\_ No
6. Please describe how the requested animal will enable the individual equal opportunity to use and enjoy a dwelling unit, including public and common use areas.

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By signing below, you acknowledge and certify that all information provided in this form is accurate, complete, current, based on your own personal knowledge and/or treatment of the above-named individual, and that you are qualified to offer the opinions contained herein.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Phone Number

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

\_\_\_\_\_  
Professional Title

\_\_\_\_\_  
Professional License No. / State

**Please return this completed form to:**

Housing Authority of the City of Bangor  
 Attn: Josiah Brochu  
 161 Davis Road  
 Bangor, ME 04401  
 Fax: 942-6043  
 Email: [josiahb@bangorhousing.org](mailto:josiahb@bangorhousing.org)

Warning: Section 1001 of Title 18, United State Code, makes it a criminal offense to make any knowing and willful false statement to any department or agency of the United States as to any matter within its jurisdiction, punishable by a fine not to exceed \$250,000.00 and/or imprisonment of not more than 5 years.