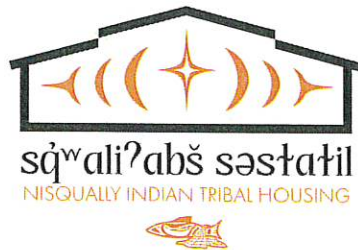


Nisqually Indian Tribal Housing Department Reasonable Accommodation Policy



Adopted on: September 28, 2023

NISQUALLY TRIBAL COUNCIL



William Frank III, Chairman

PURPOSE: The Nisqually Indian Tribal Housing Department (NITHD) does not discriminate in admission or access against persons on the basis of Disabilities. No otherwise qualified individual shall, solely by reason of his or her Disability, be excluded from participation in, be denied the benefits of, or be subjected to discrimination by NITHD. NITHD understands and recognizes the need to facilitate providing Reasonable Accommodation to eligible, qualified, individuals with Disabilities for its rental program. NITHD will provide a Reasonable Accommodation/Modification Request Verification Form (Appendix A) upon request.

ELIGIBILITY CRITERIA: To be eligible for services provided for Reasonable Accommodation, applicants or tenants must:

1. Be a member of the household as listed on the following documents:
 - a. Application for housing assistance;
 - b. NITHD Annual Re-Certification;
 - c. A request for re-examination of household composition; or
 - d. The original Rental Agreement.
2. Meet the Native American Housing and Self-Determination Act of 1996 (NAHASDA) definition of "Person with Disabilities."
3. Complete a Reasonable Accommodation/Modification Request Verification Form. NITHD will accept requests for accommodation verbally or in a manner that is different from the Reasonable Accommodation/Modification Request Verification Form if the applicant or tenant chooses to use an alternate form of communication. NITHD will complete the form based on alternative communication and **so note it on the form.**
4. Provide documentation that describes the need for Reasonable Accommodation. NITHD may require documentation of the Disability or the Disability-related reason for the requested Reasonable Accommodation, including verification from a medical professional, a peer support group, a non-medical service agency, or a reliable third party who is in a position to know about the individual's Disability. NITHD will not ask what the Disability is if the Disability is apparent or known to NITHD and if the need for the requested accommodation is also readily apparent or known. NITHD can inquire if the Disability and/or the Disability-related reason for the requested accommodation is not known or apparent. **NITHD will not require applicants to provide access to confidential medical records to verify a Disability or require specific details as to the Disability, except to the extent necessary to determine whether a requested accommodation is reasonable and necessary.** All medical information obtained from the applicant/tenant will be considered confidential and maintained in the tenant file only for the purpose of assisting with eligibility determination.

ELIGIBILITY DETERMINATION:

1. NITHD will respond, in writing, to all requests for Reasonable Accommodation by utilizing the Approval of Request for Reasonable Accommodation or the Denial of Request for Reasonable Accommodation form within thirty (30) days of receipt of a request.
2. If appropriate because of the nature of a person's Disability, NITHD will use an alternative form of communication intelligible to the person making the request.
3. If NITHD does not have enough information to approve or deny the requested accommodation, NITHD will request a meeting to discuss the request. The request to meet will be made via written notice, or alternative communication forms as needed, to the applicant or resident.
4. NITHD will consider and respond to all individual requests for Reasonable Accommodation from applicants and tenants with Disabilities. NITHD will make every effort to locate accessible units for persons who need the features of such units because of their Disabilities.

5. NITHD will take reasonable, non-discriminatory steps to maximize the utilization of accessible units by eligible individuals whose Disability requires the accessibility feature of a particular unit. To this end, when an accessible unit becomes vacant, before offering such unit to a non-disabled applicant, NITHD shall:
 - a. First, offer the unit to a current occupant who requires the accessibility features of the vacant unit (if the current occupant does not have such accessibility features in their current unit).
 - b. Second, offer the accessible unit to a qualified applicant on the Waiting List who requires the accessibility feature.
 - c. Third, in the event a non-disabled individual is selected, they will agree to sign a contract rider to transfer if the unit is needed.
6. Approval for requests for Reasonable Accommodation will include a written summary of the implementation of the accommodation. This will outline the time frame for implementation, describe the terms, conditions, and performance expectations for all involved, and include a schedule for implementing the accommodation. NITHD will not charge applicants or tenants for Reasonable Accommodations nor will it require tenants to pay for the cost of removing accommodations or modifications **made or approved by NITHD** when the tenant vacates a unit.

DENIAL OF ACCOMMODATIONS: Denial for requests for Reasonable Accommodations will be based on one or more of the following:

1. The applicant or tenant does not meet the definition of an individual with Disabilities.
2. The requested accommodation has been determined not to be needed for the applicant or tenant to enjoy or participate in the program.
3. NITHD may deny a request for Reasonable Accommodation if it will result in an undue financial and administrative burden or would result in a Fundamental Alteration of its program.

UNDUE FINANCIAL AND ADMINISTRATIVE BURDEN: If a requested accommodation will create an undue financial and administrative burden for NITHD, NITHD will comply with the request only to the extent it can without creating undue burdens.

TENANT DENIAL OF A UNIT: An individual who is offered the opportunity for an accessible unit may deny the unit. In such a case, NITHD will have the resident or applicant sign a statement acknowledging that he or she was offered the unit and denied it.

APPEAL: Applicants and tenants have the right to review an unfavorable decision concerning an

accommodation or choice of accommodation. Applicants and tenants may further request an informal hearing by following the NITHD Grievance Policy.

DEFINITIONS:

1. Reasonable Accommodation means a modification or change in NITHD's policies, practices, or services, which is necessary for an individual with a Disability to benefit from or participate in

NITHD's rental assistance programs. NITHD reserves the right to investigate and offer equally effective alternatives to the requested accommodation.

2. Qualified means meeting the requirements for qualification for housing under NITHD policies without regard to Disability.
3. Disability means the definition of a "Person with Disabilities" under NAHASDA Section 4 and as stated in 24 C.F.R. Section 1000.10.
4. Personal Care Attendant (PCA) means the person employed by the person who has the Disability in order to assist them with their needs.
5. Person with Disabilities. The term "Person with Disabilities" shall have the same definition as set out in 24 CFR 8.3 for the term "individual with handicaps."
6. Fundamental Alteration means:
 - a. Actions that require substantial modification to, or elimination of, essential lease/rental agreement provisions or program eligibility or screening requirements based on the obligations of tenancy.
 - b. Actions that require NITHD to add supportive services (counseling, medical, or social services) that fall outside the scope of existing services offered by NITHD to applicants or tenants.
 - c. Actions that require NITHD to offer housing benefits of a fundamentally different nature from the type of housing or benefits NITHD does offer.
7. Undue Financial or Administrative Burden: means an action requiring a significant difficulty or expense from NITHD, when considered in light of an individualized assessment of current circumstances and available resources. Undue financial burden is determined by taking into account the size and budget of housing, the type of housing and the cost of the accommodation needed.

**APPENDIX A
REASONABLE ACCOMMODATION POLICY**

REASONABLE ACCOMMODATION/MODIFICATION REQUEST VERIFICATION FORM

SECTION 1 (TO BE COMPLETED BY TENANT):

Date: _____

To: _____
Name of Individual with Knowledge of the Need for the Reasonable Accommodation

Address of Individual with Knowledge of the Need for the Reasonable Accommodation

From: _____
Property Owner's Name

Property Owner's Address

RE: REQUEST FOR REASONABLE ACCOMMODATION/MODIFICATION

Resident's Name: _____

Resident's Address: _____

The resident named above has applied for a unit or is living in our community. The resident has requested the following accommodation/modification: _____

Under state and federal laws, individuals with Disabilities may request Reasonable Accommodations from housing providers and we must consider the request. Reasonable accommodations in rules, policies, practices, and services must be allowed to give persons with Disabilities an equal opportunity to use and enjoy housing, provided such accommodation does not impose an undue hardship or requests a change in the fundamental nature of our business. Tenants with Disabilities must be allowed to make reasonable modifications to their units and common areas at their own expense subject to appropriate construction and restoration considerations.

It is our policy to verify that the individual qualifies as disabled, as that term is defined by law, and requires the accommodation in order to have an equal opportunity to use and enjoy the apartment community.

We would appreciate your cooperation in answering the questions on this form and returning it to the owner listed above. Enclosed is a stamped, self-addressed envelope for this purpose. The resident has consented to this release of information, as shown on the last page.

SECTION 2 (TO BE COMPLETED BY HEALTH CARE PROVIDER):

- 1) Is the resident disabled as defined on this page? YES NO

- 2) In your professional opinion, does the resident need this accommodation in order to have the same opportunity that a nondisabled individual has to use and enjoy the community? In other words, is the accommodation/ modification requested necessary to overcome barriers associated with the Disability?
 YES NO

- 3) Is there any other accommodation that may be equally effective as the requested accommodation which you can suggest? YES NO Explain: _____

- 4) Are you or is someone in your organization available to discuss developing a plan of accommodation to balance the needs of this individual and the property owner? YES NO

If yes, please give name and phone number of contact person: _____

- 5) Please answer any other questions presented about the accommodation/modification on page 1: _____

DEFINITION OF "DISABLED"

Under federal law, an individual is disabled if he/she 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.

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 infection, mental retardation, emotional illness, drug addiction, and alcoholism. This definition does not include any individual who is a drug addict and is currently using illegal drugs or an alcoholic who poses a direct threat to property or safety because of alcohol use. (24 CFR Part 8.3, and HUD Handbook 4350.3 Exh. 2-2)).

NAME/TITLE OF PERSON SUPPLYING INFORMATION: _____

PHONE NUMBER: _____

FIRM/ORGANIZATION: _____

Would you be willing to testify in any court action or related proceeding as to resident's need for the Reasonable Accommodation? YES NO

If you answered no to the above question, please explain the reason for your answer: _____

Signature: _____ Date: _____

SIGNATURE OF HEALTH CARE PROVIDER TO BE NOTARIZED (CERTIFICATE ATTACHED)

NOTARY JURAT (FOR INDIVIDUAL COMPLETING SECTION 2)

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of _____

County of _____

Subscribed and sworn to (or affirmed) before me on this _____ day of _____, _____

by, _____, proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Notary Public Signature

Notary Public Seal

RESIDENT RELEASE

TO THE RESIDENT: DO NOT SIGN THIS FORM IF THE NAME OR ADDRESS OF OWNER OR THE HEALTH CARE PROVIDER IS LEFT BLANK ON SECTION 1.

RELEASE: The person named and signing below is an applicant or resident, or is the adult guardian of a minor child household member of an applicant/resident at the above rental housing community requesting the information on this form. By my signature below, you are authorized to provide the information requested on this form about me, or about the minor child, and to answer any follow-up questions related to the requested accommodation or modification.

Print Name: _____

Signature: _____

Date: _____

If information is requested for a minor, print minor's name below.

Minor's Name: _____