

# Reasonable Accommodation Policy

Pursuant to Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990]

The Salem Housing Authority's (SHA's) Reasonable Accommodation Policy is available upon request. The Policy is available at the main offices of the Salem Housing Authority, located at 27 Charter Street, Salem, MA 01970 and online at [www.salemha.org/policies/](http://www.salemha.org/policies/). Stand-ins, or other individuals representing the person with a disability, will also be allowed to fill out the forms if so authorized. Assistance including language assistance for non-English speakers will be provided to any person needing help preparing and/or filling out the forms at no cost.

Determinations regarding reasonable requests for accommodations and/or any questions regarding the Salem Housing Authority's Reasonable Accommodation Policy will be reviewed and/or resolved by the SHA's designated Reasonable Accommodation Coordinator, Debra A. Tucker, Assistant Executive Director.

It is the intent of the Salem Housing Authority to promote and encourage the participation of persons with disabilities to the fullest extent possible in all programs, services, and activities. It is the policy of the Salem Housing Authority to take affirmative actions regarding persons with disabilities and to not discriminate against persons with disabilities in any way, shape, or form. Within reason, and to the fullest extent possible, it is the intent of the Salem Housing Authority to accommodate the needs of individuals with disabilities, whether they are existing residents, existing employees, program participants, or applicants for housing, employment, and/or program participation.

The policy of the Salem Housing Authority in making "Reasonable Accommodations" for persons with disabilities is most commonly applied in the following situations:

- to make programs, services, activities, facilities, dwelling units, and common/public spaces accessible to and usable by persons with disabilities; or
- to make reasonable modifications or adjustments to the work environment, or to the manner or circumstances under which the position held or desired is customarily performed, that enable a qualified individual with a disability to perform the essential functions of the position.

The policy of the Salem Housing Authority is to provide "reasonable accommodations" to all individuals with disabilities unless the provision of such accommodation/modification would present an undue hardship and unreasonable financial and administrative burden to the SHA or require a fundamental alteration in the nature of a program. In such cases where a request for reasonable accommodation/modification may present an undue hardship or financial/administrative burden for the

SHA, the Salem Housing Authority will attempt to propose alternative solutions and/or accommodations/modifications which do not create a hardship.

The Salem Housing Authority may provide reasonable accommodations/modifications by making structural alterations to an existing facility or, if an equivalent result can be achieved, by other means such as by the employment of auxiliary aids. Every consideration will be given to recommendations made by the person requesting the reasonable accommodation in achieving the desired result.

When physical alterations or modifications are required to provide reasonable accommodation; such accommodations/modifications will be made to the maximum extent feasible to provide a dwelling unit, common area/public space, or workspace that is readily accessible to and usable by the individual requesting the reasonable accommodation.

The provision of reasonable accommodations/modifications shall be consistent with the capabilities and resources available to the SHA to the extent that such reasonable accommodation/modification does not impose undue financial and/or administrative burden(s) on the SHA.

Approved by the SHA Board of Directors on: August 11, 2021  
Minor legal language change: July 1, 2025

## NOTICE TO ALL RESIDENTS/APPLICANTS/ PARTICIPANTS/ EMPLOYEES

### REASONABLE ACCOMMODATIONS FOR PERSONS WITH DISABILITIES

The Salem Housing Authority does not discriminate against residents, applicants, program participants, or employees on the basis of disability. No resident, applicant, program participant, or employee is required, as a condition of application, eligibility, or continued residency or employment to provide information regarding the nature or severity of a disability. Individuals may choose to identify themselves as persons with disabilities in order to receive a reasonable accommodation or to qualify for special programs available to persons with disabilities only.

The Salem Housing Authority has an obligation to provide "reasonable accommodations" to residents, applicants, participants, and employees, if they require such accommodation as a result of a physical and/or mental disability. A reasonable accommodation or modification is some change that the Salem Housing Authority can make to its facilities or practices that will assist an otherwise eligible person with a disability to take advantage of the SHA's program. A resident, applicant, program participant, or employee that has a mental and/or physical disability must still be able to abide by the terms of the lease, meet the essential job functions of a position, or meet the essential qualifications of the program; however, there is no requirement that residents, applicants, participants, or employees with disabilities be able to do these things without a reasonable accommodation.

If you would like to request a reasonable accommodation, please complete the **REQUEST FOR REASONABLE ACCOMMODATION** form and submit it to the SHA's Reasonable Accommodation Coordinator, Debra Tucker, Assistant Executive Director, to [dtucker@salemha.org](mailto:dtucker@salemha.org) or by mail. The Salem Housing Authority may require documentation verifying the existence of a disability and the need for a reasonable accommodation as a result of that disability.

Remember, if you have a mental and/or physical disability, and you need a reasonable accommodation, you may request it at any time.

This notice is posted throughout prominent locations in the SHA's offices and developments. Additionally, this notice shall be provided with all applications for housing and employment, recertification packages, and termination packages.

# REQUEST FOR REASONABLE ACCOMMODATION

To foster an efficient and productive interactive dialogue, please complete the entire form and return it to the Salem Housing Authority, who will better be able to process your request from there. Please note you do not have to bring these forms to your doctor; the Salem Housing Authority plans to contact your provider(s) directly to obtain verification of disability and/or nexus between such disability and the requested accommodation to facilitate the processing of your request. You are also free to provide the Salem Housing Authority additional information relative to your request as you wish.

Date: \_\_\_\_\_

To: Debra Tucker, Assistant Executive Director  
Salem Housing Authority  
136 Canal Street, Suite 2  
Salem, MA 01970

or email: [dtucker@salemha.org](mailto:dtucker@salemha.org)

NOTE: This form is to be completed and signed by the Head of Household on behalf of the Household Member needing the accommodation. Please complete a separate "Request for Reasonable Accommodation" form for each Household Member requiring an accommodation(s). If the disabled Household Member who needs the accommodation is 18 years of age or older, he or she AND the Head of Household must sign this form.

Head of Household: \_\_\_\_\_

Household Member Who Needs Accommodation(s): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Last 4 digits of Social Security #: \_\_\_\_\_

Relationship to Head of Household: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Program (Section 8, Public Housing, applicant, etc.) \_\_\_\_\_

Coordinator or Public Housing Manager: \_\_\_\_\_

The above-named Household Member has a disability because: s/he has a physical or mental impairment that substantially limits one or more life activities or has a record of having such an impairment.

As a result of this disability, I am **requesting the following reasonable accommodation(s)** from the SALEM HOUSING AUTHORITY:

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

The disabled Household Member **needs this reasonable accommodation(s) because:**  
(If you have any additional information you wish to provide, you may attach additional pages if necessary.)

---

---

---

---

If you have any additional information you wish to provide, you may also use the space below or attach additional pages, if necessary:

---

---

---

**KNOWLEDGEABLE PROFESSIONAL** (relevant physician(s), licensed psychologist(s), licensed nurse practitioner(s), rehabilitation professional(s), and/or non-medical service agency whose function is to provide service to the disabled): **The SHA will contact them directly with the necessary paperwork.**

Name \_\_\_\_\_  
Title \_\_\_\_\_  
Business Name \_\_\_\_\_  
Business Address \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_  
Telephone \_\_\_\_\_ email address: \_\_\_\_\_

## **AUTHORIZATION**

I/We authorize the SALEM HOUSING AUTHORITY to verify that the above-referenced Household Member, has a disability and that s/he needs the reasonable accommodation(s) requested, and I/we agree to have the SALEM HOUSING AUTHORITY's Certification of Disability under the Fair Housing Act and other federal and state laws protecting the rights of disabled persons completed and signed by the relevant physician(s), psychiatrist(s), licensed psychologist(s), licensed nurse practitioner(s), licensed social worker(s), rehabilitation professional(s), and/or non-medical service agency whose function is to provide services to the disabled. (Note: This authorization is requested only if third-party verification is necessary because the disability and the resulting need for accommodation are not self-evident.) I/We understand that the information obtained by the SALEM HOUSING AUTHORITY will be kept completely confidential and used solely to make an evaluation and determination on this reasonable accommodation(s) request.

\_\_\_\_\_  
Signature of Household Member needing accommodation(s)  
(only if 18 years old or older)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Head of Household or authorized Guardian

\_\_\_\_\_  
Date

If the Household member needing the accommodation(s) is under 18 years of age, are you the parent or guardian of Household Member needing accommodation?

Circle one:      YES                      NO

**Please return this form as promptly as possible, so that the SHA may make a determination on this request.**