

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF FLORIDA  
MIAMI DIVISION

CASE NO. 08-22679-CIV-GOLD/GOODMAN

UNITED STATES OF AMERICA

Plaintiff,

v

HIALEAH HOUSING AUTHORITY

Defendant.

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**CONSENT DECREE**

**I. INTRODUCTION**

On September 26, 2008, the United States filed this action on behalf of Miguel Rodriguez, his wife, Lazara Rodriguez, and their children, Dianela Rodriguez and Emmanuel Rodriguez (hereinafter "the Rodriguez family"), pursuant to subsection 812(o) of the Fair Housing Act, 42 U.S.C. § 3612(o).

The complaint alleges that the Defendant discriminated against Miguel Rodriguez and his family by refusing his request for a unit with a bathroom that was accessible without climbing stairs, as a reasonable accommodation for his physical disability. The United States alleges in the complaint that Miguel Rodriguez was substantially limited in the major life activity of walking and climbing stairs due to his disabilities during the relevant time period.

The Defendant, the Hialeah Housing Authority (“HHA” or “Housing Authority”), was established on February 14, 1960, and is an unincorporated entity of the City of Hialeah, duly organized and existing pursuant to the Florida Housing Authorities Law, Chapter 421, Florida Statutes. HHA receives federal funding from the United States Department of Housing and Urban Development (“HUD”) and manages over 2,000 housing units.

The Defendant denied the substantive allegations in the complaint.

The Defendant has entered into this Consent Decree for purposes of settlement only, and neither the entry of this Decree, nor any action taken under it, shall be construed as an admission by the Defendant of any fault or wrongdoing, or as an admission of the validity of the United States’ claim.

The parties agree that this Court has jurisdiction over the subject matter of this case pursuant to 28 U.S.C. §§ 1331 and 1345 and 42 U.S.C. § 3612(o).

The parties agree that, to avoid costly and protracted litigation, the claims against the Defendant should be resolved without further proceedings and an evidentiary hearing. Therefore, as indicated by the signatures below, the parties agree to the entry of this Consent Decree. This Consent Decree constitutes full resolution of the United States’ claims that the Defendant discriminated against Miguel Rodriguez, his wife, Lazara Rodriguez, and their children, Dianela Rodriguez and Emmanuel Rodriguez, on the basis of disability.

It is hereby ORDERED, ADJUDGED, AND DECREED:

## **II. GENERAL INJUNCTION**

1. The Defendant, its agents, employees, representatives, successors and assigns, and all other persons in active concert or participation with it are enjoined from:
  - a. Discriminating in the rental of, or otherwise making unavailable or

denying, a dwelling because of a disability of the renter, of any person residing in or intending to reside in the dwelling after it is rented or made available, or of any person associated with the renter, in violation of 42 U.S.C. § 3604(f)(1);

- b. Discriminating against a person in the terms, conditions, or privileges of the rental of a dwelling or in the provision of services or facilities in connection with such dwelling, because of a disability of that person, a person residing or intending to reside in the dwelling after it is rented or made available, or of any person associated with the renter, in violation of 42 U.S.C. § 3604(f)(2); and
- c. Refusing to make reasonable accommodations in rules, policies, practices, or services when such accommodations may be necessary to afford a resident with a disability an equal opportunity to use and enjoy a dwelling, in violation of 42 U.S.C. § 3604(f)(3).

### **III. MONETARY RELIEF FOR AGGRIEVED PERSONS**

- 2. Within thirty (30) days of the entry of this Decree, the Defendant shall pay twenty thousand dollars (\$20,000), to be apportioned as follows: Miguel Rodriguez: twelve thousand dollars (\$12,000), Lazara Rodriguez: six thousand dollars (\$6,000), Dianela Rodriguez: one thousand dollars (\$1,000), and Emmanuel Rodriguez: one thousand dollars (\$1,000), by sending to the United States<sup>1</sup> separate checks for Miguel Rodriguez and the other aggrieved members of his family in the aforementioned amounts. Upon receipt of the checks, the United

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<sup>1</sup> All notices are to be sent to: Veronica Harrell-James, Assistant U.S. Attorney, 99 N.E. 4th Street, 3rd Floor, Miami, Florida 33132-2111.

States shall send to the Defendant an executed Release of all claims, legal or equitable, that Miguel Rodriguez, his wife, Lazara Rodriguez, and their children, Dianela Rodriguez and Emmanuel Rodriguez, might have against the Defendant relating to the claims asserted in this lawsuit. A copy of the Release is attached hereto as Appendix A.

#### IV. NONDISCRIMINATION POLICY

3. Within thirty (30) days of the entry of this Decree and throughout the term of this Decree, the Defendant shall post and prominently display within its main office, and each of the Housing Authority's rental or property offices, a sign no smaller than 10 inches by 14 inches indicating that all dwellings are available for rental on a nondiscriminatory basis. A poster that comports with 24 C.F.R. Part 110 will satisfy this requirement.
4. Within thirty (30) days of the entry of this Decree, and throughout the term of this Decree, the Defendant shall take all reasonable steps to ensure that any advertising for the Hialeah Housing Authority in newspapers, telephone directories, radio, television, the internet, or other media, and any signs, pamphlets, brochures, or other promotional literature include a fair housing logo, the words "equal housing opportunity provider," and/or the following sentences:

We are an equal opportunity housing provider. We do not discriminate on the basis of race, color, national origin, religion, sex, familial status or disability.

The words or logo should be prominently placed and easily legible.

5. Within sixty (60) days of the entry of this Decree, the Defendant shall provide to the head of the household for each occupied public housing unit the Defendant's

Nondiscrimination Policy, attached hereto as Appendix B. The Defendant shall also provide its Nondiscrimination Policy to all prospective public housing tenants at the time of the initial interview for each applicant.

6. Defendant's Nondiscrimination Policy shall be posted and prominently displayed within its main office and each of Defendant's rental or property offices that are accessible to, or frequented by, the public and in any other place where the Defendant's announcements are posted for public viewing.

#### **V. REASONABLE ACCOMMODATION POLICY**

7. Defendant shall utilize the Hialeah Housing Authority Reasonable Accommodation Policy and Procedures attached as Appendix C for receiving and handling requests made by people with disabilities for reasonable accommodations.
8. Within sixty (60) days of the entry of this Decree the Defendant shall provide to the head of the household for each occupied public housing unit a copy of the Hialeah Housing Authority Reasonable Accommodation Policy and Procedures. The Defendant shall also provide the Hialeah Housing Authority Reasonable Accommodation Policy and Procedures to all prospective public housing tenants at the time of the initial interview for each applicant.
9. Defendant shall keep written records of each request for reasonable accommodation the Defendant receives during the duration of this Consent Decree. These records shall include: (a) the name, address, and telephone number of the person making the request; (b) the date on which the request was received; (c) the nature of the request; (d) whether the request was granted or denied; and

(e) if the request was denied, the reason(s) for the denial.

10. Within thirty (30) days of the entry of this Decree, Defendant shall post the Hialeah Housing Authority Reasonable Accommodation Policy and Procedures in a conspicuous location within its main office, and each of the Housing Authority's rental or property offices that are accessible to, or frequented by, the public and in any other place within the Hialeah Housing Authority in which announcements are posted for public viewing.
11. If the Defendant proposes to make any substantive changes to the Hialeah Housing Authority Reasonable Accommodation Policy and Procedures, it shall first provide the United States with a copy of the proposed changes. If the United States does not deliver written objections to the Defendant within sixty (60) days of receiving the proposed changes, the changes may be implemented. If the United States makes any objections to the proposed changes within the sixty (60) day period, the specific changes to which the United States objects shall not be implemented until the objections are resolved.

## **VI. TRAINING**

12. Within thirty (30) days of the entry of this Decree, the Defendant shall provide copies of this Decree, including all appendices to all of its agents or employees responsible for conducting informal or formal administrative grievance hearings, or managing the Defendant's Section 8 program or public housing projects, and shall secure a signed statement, conforming to Appendix D, from each agent or employee acknowledging that s/he has received, read, and understands the Decree, the Nondiscrimination Policy and the Hialeah Housing Authority

Reasonable Accommodation Policy and Procedures and has had her or his questions about the Decree and the policies answered.

13. Within one hundred twenty (120) days of the entry of this Decree, the Defendant shall schedule fair housing training for all of its agents or employees responsible for conducting informal or formal administrative grievance hearings, or managing the Defendant's Section 8 program or public housing projects. This training shall take place no later than one hundred eighty (180) days from the entry of this Decree. The training shall focus on discrimination because of disability and shall inform the attendees of their obligations under the Decree, as well as under applicable federal, state, and local laws. The training shall be conducted by a qualified third party, approved by the United States and unconnected to the Defendant, its employees, agents, or counsel, and any expenses associated with this training shall be borne by the Defendant. Those who attend the training shall be required to sign a certification conforming to Appendix E.

14. During the term of this Decree, each new employee or agent of the Defendant whose duties, in whole or in part, involve conducting informal or formal administrative grievance hearings, or managing the Defendant's Section 8 program or public housing projects shall be given a copy of this Decree including all appendices. Each such new employee or agent shall sign a statement conforming to Appendix E.

#### **VII. REPORTING AND RECORD-KEEPING REQUIREMENTS**

15. Within ninety (90) days of the entry of this Decree, and thereafter on the

anniversary of the entry of this Decree, the Defendant shall submit to the United States a compliance report, except that the final report shall be submitted sixty (60) days prior to the expiration of this Decree. The compliance report shall include: (a) the signed statement of each agent and employee referred to in paragraphs 12, 13, and 14; and (b) copies of any advertisements, pamphlets, brochures or other promotional literature concerning the Defendant.

16. Within thirty (30) days after the training required by paragraph 13, above, the Defendant shall provide to the United States (a) the name(s), address(es), and telephone number(s) of the trainer(s); (b) copies of the training outlines and any materials distributed by the trainers; and (c) the signed certifications confirming attendance.
17. For the duration of this Decree, every six (6) months following the entry of this Decree, the Defendant shall provide counsel for the United States, in writing, a report identifying any and all complaints of housing discrimination against the Housing Authority or any of its agents or employees for the preceding six (6) month period. Such reports shall include the date of each complaint, a copy of any written complaint or a description of any verbal complaint, and contact information for the complaining party. The report shall also reflect if there has been a resolution of any such complaint, and, if so, the details of the resolution.
18. For the duration of this Decree, the Defendant shall preserve all records related to this Decree, as well as any other documents related to the management of its Section 8 program or rental of public housing units. Such documents include, but are not limited to, applications, leases, tenant files, tenant reasonable



accommodation or other requests, policies, procedures, and tenant tracker and unit availability logs. Upon reasonable notice to the Defendant, representatives of the United States shall be permitted to inspect and copy any of the Hialeah Housing Authority's Section 8 or public housing records or inspect the public housing units at any and all reasonable times so as to determine compliance with the Decree; provided, however, that the United States shall endeavor to minimize any inconvenience to the Defendant.

#### **VIII. DURATION OF DECREE AND TERMINATION OF LEGAL ACTION**

19. Within ten (10) days of entry of this Decree, the parties shall file a joint stipulation for dismissal of this action and shall expressly request the Court retain jurisdiction to enforce the terms of the Decree. The Court shall retain jurisdiction for three years after the entry of this Decree to enforce the terms of the Decree, at which time the case shall be dismissed with prejudice. Prior to the expiration of the Decree's term, the United States may move the Court to extend the duration of the Decree for good cause in the event it believes the Defendant has failed to comply with a material provision of the Decree.
20. The parties shall endeavor in good faith to resolve informally any differences regarding the interpretation of and compliance with this Decree prior to bringing such matters to the Court for a resolution. However, in the event the parties are unable to resolve the issue(s) informally, either party may move this Court for enforcement, including, but not limited to, seeking an order requiring performance of such non-compliant act or deeming such act to have been performed, and an award of any damages, costs, and reasonable attorney's fees if

applicable.

**IX. TIME FOR PERFORMANCE**

21. Any time limits for performance imposed by this Consent Decree may be extended by the mutual, written agreement of the United States and the Defendant.

**X. COSTS OF LITIGATION**

22. Each party to this Consent Decree shall bear its own costs and attorney's fees associated with this litigation.

**IT IS SO ORDERED:**

This 3 day of Jan, 2011

  
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THE HONORABLE ALAN S. GOLD  
UNITED STATES DISTRICT JUDGE

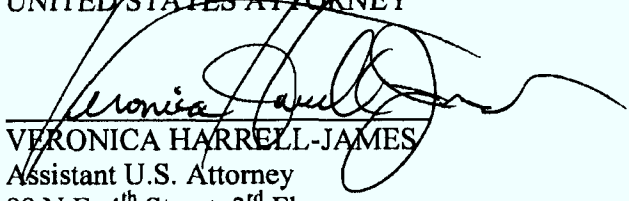
The undersigned apply for and consent to the entry of this Decree:

**FOR THE PLAINTIFF UNITED STATES:**

Agreed to by the parties as indicated by the signatures of counsel below.

WIFREDO A. FERRER  
UNITED STATES ATTORNEY

By:

  
\_\_\_\_\_  
VERONICA HARRELL-JAMES  
Assistant U.S. Attorney  
99 N.E. 4<sup>th</sup> Street, 3<sup>rd</sup> Floor  
Miami, Florida 33132-2111  
Fla. Bar No. 644791  
Tel.: (305) 961-9327  
Fax: (305) 530-7139

**OF COUNSEL:**

Elizabeth A. Singer  
U.S. Department of Justice  
Civil Rights Division  
Housing and Civil Enforcement Section  
950 Pennsylvania Avenue N.W.  
Washington, D.C. 20530  
Tel.: (202) 514-6164  
Fax.: (202) 514-1116

**FOR THE DEFENDANT HIALEAH HOUSING AUTHORITY:**

ROSEN SWITKES & ENTIN, P.L.



Joshua Entin, Esq. (Fla. Bar No. 493724)  
Robert Switkes, Esq. (Fla. Bar No. 241059)  
Mendy Halberstam, Esq. (Fla. Bar No. 68999)  
407 Lincoln Road, P.H. SE  
Miami Beach, Florida 33139  
Tel.: (305) 534-4757  
Fax.: (305) 538-5504

Hialeah Housing Authority

By: [Signature]  
Julio Ponce, Executive Director

Date: 12/13/11

By: Maida Gutierrez  
Maida Gutierrez, Chairperson, Board of Commissioners, Hialeah Housing Authority

Date: 12-13-11

**APPENDIX A**

**RELEASE OF CLAIMS**

In consideration of the parties' agreement to the terms of the Consent Decree entered by the Court in United States v. Hialeah Housing Authority, Case No. 08-22679-CIV-GOLD/GOODMAN (S.D. Fla.), and the Defendant's payment of the sums specified therein, the undersigned Miguel Rodriguez, Lazara Rodriguez, Dianela Rodriguez-Artiles and Emmanuel Rodriguez, and their heirs and assigns, hereby release the Defendant in this action and its employees, agents, commissioners, attorneys, successors, insurers, agents and assigns, from any and all liability for any existing, pending or potential claims or causes of action, legal or equitable, including but not limited to claims for compensatory damages, non-compensatory damages, punitive damages, rent differential, attorney's fees and costs, whether such claims are known or unknown, that they may have against them arising out of the allegations raised in this action. I hereby acknowledge that I have read and understand this release and have executed it voluntarily and with full knowledge of its legal consequences.

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Miguel Rodriguez  
21780 N.W. 1<sup>st</sup> Street  
Pembroke Pines, Florida 33029

Date:

**EACH MEMBER OF FAMILY MUST EXECUTE A SEPARATE RELEASE**

## APPENDIX B

### NONDISCRIMINATION POLICY

It is the policy of the Hialeah Housing Authority to comply with Title VIII of the Civil Rights Act of 1968 (commonly known as the Fair Housing Act) by ensuring that apartments are available to all persons without regard to race, color, religion, national origin, disability, familial status, or sex. This policy means, among other things, that the Hialeah Housing Authority, and its agents or employees with the responsibility for conducting informal or formal administrative grievance hearings, or managing the Defendant's Section 8 program or public housing sites, or for renting, managing or administering any dwelling units must not discriminate on the basis of race, color, religion, national origin, disability, familial status, or sex in any aspect of the rental of dwellings to qualified applicants or tenants. Such agents and employees must refrain from:

- A. Discriminating in the rental of, or otherwise making unavailable or denying, a dwelling to any person because of race, color, religion, national origin, disability, familial status, or sex;
- B. Discriminating against a person in the terms, conditions, or privileges of the rental of a dwelling or in the provision of services or facilities in connection with such dwelling, because of race, color, religion, national origin, disability, familial status, or sex; and
- C. Refusing to make reasonable accommodations in rules, policies, practices, or services, when such reasonable accommodations may be necessary to afford all residents with a disability an equal opportunity to use and enjoy a dwelling.

Any agent or employee who fails to comply with this nondiscrimination policy shall be subject to appropriate disciplinary action. Any action taken by an agent or employee that results in the unequal service, treatment or behavior to tenants on the basis of race, color, religion, national origin, disability, familial status, or sex may constitute a violation of state and federal fair housing laws. Any tenant who believes that any of the above policies has been violated by any owner, agent or employee may contact the U.S. Attorney's Office at (305) 961-9001 or the U.S. Department of Housing and Urban Development at 1-800-669-9777.

## APPENDIX C

# HIALEAH HOUSING AUTHORITY REASONABLE ACCOMMODATION POLICY AND PROCEDURES

### POLICY STATEMENT

HHA 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 HHA's programs, services and activities. Therefore, if an individual with a disability requires an accommodation such as an accessible feature or modification to a HHA policy, HHA 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 HHA will make 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 no housing) or activity.

HHA will post a copy of this Reasonable Accommodation Policy and Procedures in the Central Administrative Offices located AT 75 East 6<sup>th</sup> Street, Hialeah, Florida 33010; in the offices of HHA's private management companies; and, the management office in each public housing development. In addition, individuals may obtain a copy of this Reasonable Accommodation Policy and Procedures, upon request, from the HHA's Section 504 Coordinator.

### LEGAL AUTHORITY

The HHA 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)<sup>1</sup>; Title II of the Americans with Disabilities Act of 1990 (ADA)<sup>2</sup>; the Fair Housing Act of 1968, as amended (Fair Housing Act)<sup>3</sup>; the Architectural Barriers Act of 1968<sup>4</sup>, and the respective implementing regulations for each Act.

<sup>1</sup> 29 U.S.C. § 794; 24 C.F.R. Part 8.

<sup>2</sup> 42 U.S.C. §§ 12101 et seq.

<sup>3</sup> 42 U.S.C. §§ 3601-20; 24 C.F.R. Part 100.

<sup>4</sup> 42 U.S.C. §§ 4151-4157.

### MONITORING AND ENFORCEMENT

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

Rosa Valladares (Section 8) or Joel Bonilla (Public Housing)  
75 East 6<sup>th</sup> Street  
Hialeah, Florida 33010  
(305) 888-9744

### STAFF TRAINING

The Section 504 Coordinator will ensure that all appropriate HHA staff receives annual training on the Reasonable Accommodation Policy and Procedures, including all applicable Federal, state and local requirements regarding 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 Moderate Rehabilitation Programs of HHA.

Reasonable accommodation methods or actions that may be appropriate for a particular program and individual may be found to be inappropriate for another program or individual. The decision to approve or deny a request for a reasonable accommodation is made on a case-by-case basis and takes into consideration the disability and the needs of the individual as well as the nature of the program or activity in which the individual seeks to participate.

### APPLICATION OF REASONABLE ACCOMMODATION POLICY

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

- (a) Applicants of public housing;
- (b) Residents of public housing developments;
- (c) Participants of the Housing Choice Voucher and Moderate Rehabilitation Programs; and
- (d) Participants in all other programs or activities receiving Federal financial assistance that are conducted or sponsored by the HHA, its agents or contractors including all non-housing facilities and common areas owned or operated by the HHA.

### PERSON WITH A DISABILITY

A person with a disability means an individual who has a physical or mental impairment that



substantially limits one or more major life activities; a record of having such an impairment; or being regarded as having such an impairment. As used in this definition, the phrase "physical or mental impairment" includes:

- (a) 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
- (b) 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, mental retardation, emotional illness, specific learning disabilities, HIV disease, tuberculosis, drug addiction and alcoholism.

"Major life activities" means functions such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working.

#### 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 HHA 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 HHA 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 for exception payment standard amounts under the Housing Choice Voucher Program in accordance with 24 C.F.R. §§ 8.28 and 982.504 (b)(2).

#### PROCESSING OF REASONABLE ACCOMMODATION REQUESTS

The HHA will provide the "Reasonable Accommodation Request", ("Request Form"), attached hereto, to all applicants, residents or individuals with disabilities who request a reasonable accommodation. The Request Form includes various forms of reasonable accommodations as well as the general principles of reasonable accommodation.

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

- (a) The HHA will provide all applicants with the Request Form as an attachment to the HHA 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. HHA will provide applicants with appropriate auxiliary aids and services, including qualified sign language interpreters and readers, upon request.
- (c) HHA will provide all residents with the Request Form during the annual re-certification, and upon request. The HHA will provide the Request Form in an alternate form, upon request.
- (d) Residents seeking accommodation(s) may contact the housing management office, including office of private management companies acting on behalf of HHA, within their housing development or the regional management office. In addition, residents may also contact the Section 504 Coordinator's office directly to request the accommodation(s).

- (e) Within seven (7) business days of receipt, the housing management office will forward the resident's reasonable accommodation request(s) to the Office of the Section 504 Coordinator.
- (f) Within twenty (20) business days of receipt, the Office of the Section 504 Coordinator, or the resident's regional or management office will respond to the Resident's Request.
- (g) If additional information or documentation is required, the Section 504 Coordinator's office will notify the resident, in writing, of the need for the additional information or documentation. The Section 504 Coordinator's Office will provide the resident with the "Request for Information or Verification Form" ["Request for Information"], a copy of which is attached. Upon request, the Request for Information will be provided in an alternate format. The written notification should provide the resident with a reply date for submission of the outstanding information or documentation.
- (h) Within thirty (30) business days of receipt of the request and, if necessary, all supporting documentation, HHA 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. Copy of the "Letter Denying Request for Reasonable Accommodation(s)" and "Letter Approving Request for Reasonable Accommodation(s)" are attached.
- (i) If HHA approves the accommodation request(s), the resident will be notified of the projected date for implementation.
- (j) 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 HHA's HUD-approved Grievance Procedures.
- (k) All recommendations that have been approved by the 504 Coordinator will be forwarded to the appropriate regional housing manager for implementation. All requests for reasonable accommodation that are approved by the regional housing manager will promptly be implemented.

#### VERIFICATION OF REASONABLE ACCOMMODATION REQUEST

HHA may request documentation of the need for a Reasonable Accommodation as identified on the Request for Reasonable Accommodation Form. In addition, HHA may request that the individual provide suggested reasonable accommodations.

The HHA 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 HHA may not require individuals to disclose confidential medical records in order to verify a disability. In addition, the HHA may not require specific details regarding the individual's disability. The HHA may only request information to confirm the disability-related need(s) for the requested reasonable accommodation(s) if the disability is not obvious or known or if the need for the requested accommodation or not readily apparent or known. The HHA may not require the individual to disclose the specific disability (ies); or the nature or extent of the individual's disability (ies).

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

- (a) Physician;
- (b) Licensed health professional;
- (c) Professional representing a social service agency; or
- (d) Disability agency or clinic.

Upon receipt, the resident's Property Manager, including private management companies operating on behalf of HHA, will forward the recommendation, including all supporting documentation, to the HHA's Section 504 Coordinator within seven (7) 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 State and/or federal law;
- (b) A fundamental alteration in the nature of the HHA public housing program;
- (c) An undue financial and administrative burden on HHA;
- (d) A structurally infeasible alteration; or
- (e) An alteration requiring the removal or alteration of a load-bearing structural member.

#### TRANSFER AS REASONABLE ACCOMMODATION

HHA 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 an adjacent project, HHA 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 proffered transfer or voucher, HHA 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, HHA 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, HHA shall pay the reasonable moving expenses, including utilities fees and deposits. Nothing contained in this paragraph is intended to modify the terms of HHA's Tenant and Assignment Plan and any resident's rights thereunder.

#### HOUSING CHOICE VOUCHER AS REASONABLE ACCOMMODATION

- (1) When issuing a voucher as an accommodation, HHA must include a list of current available accessible units known to HHA, upon request. HHA will also provide search assistance. HHA may also partner with a qualified, local disability organization to assist the resident or applicant with the search for available, accessible housing. *See* 24 C.F.R. § 8.28.
- (2) Extensions beyond the maximum term of one hundred eighty (180) 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) HHA 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 C.F.R. §§ 8.28 and 982.504(b)(2).
- (4) Upon request by an applicant, participant, or their representative, HHA 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 HHA.
- (5) In exceptional cases, HHA 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 HHA with disabilities are permitted to have assistance animals, if such animals are necessary as a reasonable accommodation for their disabilities. HHA residents or potential residents who need an assistance animal as a reasonable accommodation must request the accommodation in accordance with the reasonable accommodation policy. Assistance animals are not subject to the requirements of HHA's Pet Policy.

**RIGHT TO APPEAL/GRIEVANCE PROCESS**

- (1) The public housing applicant or resident may file a complaint in accordance with HHA's HUD-approved Grievance Procedure following a formal determination by the HHA's 504 Coordinator.
- (2) The Housing Choice Voucher and Moderate Rehabilitation Program participant or applicant may file a complaint in accordance with HHA's HUD Approved Grievance Procedure following a formal determination by the HHA's 504 Coordinator.
- (3) An applicant or resident may, at any time, exercise their right to appeal a HHA decision through the local HUD office or the U.S. Department of Justice.

Individuals may contact the local HUD office at:

U.S. Department of Housing and Urban Development  
909 SE First Avenue, Suite 500  
Miami, Florida 33131  
Phone: 305-520-5042  
Fax: 305-536-4863

Individuals may contact the Department of Justice at:

U.S. Department of Justice  
Civil Rights Division  
950 Pennsylvania Avenue, N.W. – G Street  
Washington, D.C. 20530  
Phone: 202-514-4713  
Fax: 202-514-1116



**HIALEAH HOUSING AUTHORITY**



**SECTION 8 DEPARTMENT  
75 EAST 6<sup>TH</sup> STREET, HIALEAH, FL 33010  
PH: 305-887-9844 – FAX: 305-882-5812**

**(Este documento es importante, tradúzcalo inmediatamente!  
Dokiman sa a enpotan, tradui li tousuit!**

**REASONABLE ACCOMMODATION REQUEST**

HEAD OF HOUSEHOLD: \_\_\_\_\_ PHONE: (\_\_\_\_) \_\_\_\_\_

REQUESTOR: \_\_\_\_\_  
(PERSON REQUESTING REASONABLE ACCOMODATION IF OTHER THAN HEAD OF HOUSEHOLD,  
PRINT NAME)

ADDRESS: \_\_\_\_\_ TENANT NO.: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_  
(HEAD OF HOUSEHOLD, OTHER REQUESTOR, OTHER REQUESTOR, OR AUTHORIZED  
REPRESENTIVE OF REQUESTOR)

A disability is defined, in part, as a physical or mental impairment that substantially limits one or more major life activities; a record of having such an impairment; or being regarded as having such an impairment.

A Public Housing resident may request a change in his or her current unit or a transfer to a unit that has already been changed (in the resident's development or another development). An applicant, resident, or program participant may request assistance with, or change in, a Hialeah Housing Authority ("HHA") practice, rule, policy, procedure, program or service.

HHA will work with the applicant, resident or program participant to determine how to provide the reasonable accommodation request. HHA may require documentation to support the reasonable accommodation request(s).

- 1. The following is the name of the household member with a disability who needs a reasonable accommodation:

Name: \_\_\_\_\_

- 2. Because of the above household member's disability, the following change(s) or assistance (reasonable accommodation) is necessary so that the individual can participate in an HHA program as easily or successfully as other program participants.  
Check the kind of change(s) you need.

A change or special feature in a HHA dwelling, building or property. Note: If you are a Section 8 program participant, you must make these kinds of requests to your landlord.

Assistance with, or change in, a HHA practice, rule, policy, procedure, program or service.

3. Describe the problem that the household member named in item 1 is having, or might have, with a HHA dwelling, building, property, practice, rule, policy, procedure, program or service: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. Describe the type of change or assistance (reasonable accommodation) required : \_\_\_\_\_  
\_\_\_\_\_
5. Describe how this change or assistance will help with the problem: \_\_\_\_\_  
\_\_\_\_\_
6. Indicate the verification source HHA may contact to verify that the household member named in item 1 has a disability and needs a reasonable accommodation if the disability is not obvious or known by HHA.

\_\_\_\_\_  
Name of Health Care Provider/Documenting Authority

\_\_\_\_\_  
Title

\_\_\_\_\_  
Company

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
City State Zip Code Fax Number

Note: Individuals may obtain a copy of the HHA Reasonable Accommodation Policies and Procedures, upon request, from Public Housing Site Managers, Section 8 Leasing and Contract Specialists, and the Section 504 Coordinator. You may also get additional copies of this request form from the Section 504 Coordinator:

Section 504 Coordinator  
75 East 6<sup>th</sup> Street  
Hialeah, Florida 33010  
Phone: (305) 888-9744  
Fax: (305) 882-5812 or (305) 887-2216





## **HIALEAH HOUSING AUTHORITY**



**SECTION 8 DEPARTMENT  
75 EAST 6<sup>TH</sup> STREET, HIALEAH, FL 33010  
TEL: 305-887-9844 – FAX: 305-882-5812**

**(Este documento es importante, tradúzcalo inmediatamente!  
Document sa li importante anpil traduite immediatemente!)**

### **REASONABLE ACCOMMODATION AUTHORIZATION FOR RELEASE OF INFORMATION**

RE: Household member with disability: \_\_\_\_\_

I hereby authorize the release of information to Hialeah Housing Choice Voucher program (HHA) regarding the request for reasonable accommodation described on this form. This release shall constitute a limited authorization for the release of information, as described below.

I hereby authorize to consult with representatives of HHA, in writing, in person, or by telephone concerning the physical or mental impairment(s) that I assert to qualify as an individual with a disability for the sole purpose of this reasonable accommodation request.

For purposes of this Release, a 'Qualified Individual with a Disability' is defined as a person who has a physical or mental impairment that:

1. Substantially limits one or more major life activities
2. Has a record of such an impairment
3. Is regarded as having an impairment

'A Physical or Mental Impairment' is defined as:

1. Any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the body systems including, but not limited to: neurological, musculoskeletal, special sense organs, respiratory, and speech organs or
2. 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 visual, speech and hearing impairments, epilepsy, multiple sclerosis, cancer, etc.

'Major Life Activities' include functions such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working.

'Has a Record of Such an Impairment (mental or physical)' means has a history of, or has been misclassified as having, a mental or physical impairment that substantially limits one or more major life activities.

'Is Regarded as Having an Impairment' means:

1. Has a physical or mental impairment that does not substantially limit one or more major life activities, but is treated by a recipient as constituting such a limitation.

- 2. Has a physical or mental impairment that substantially limits one or more major life activities only as a result of the attitudes of others toward the impairment.
- 3. Has none of the impairments defined by Section 504's definition of "physical or mental impairment", but is treated by a recipient as having such an impairment.

In addition, if my disability is not obvious or know to HHA, I authorize \_\_\_\_\_ to provide only information that is necessary to verify that I meet the definition of a "Qualified Individual with a Disability", as defined above.

This Authorization solely authorizes the release of information necessary to verify the following:

- 1. Documentation necessary to verify that the person meets the definitions noted above;
- 2. A description of the needed accommodation; and,
- 3. A description of the identifiable relationship between my disability and the requested accommodation(s) if it is not apparent or known.

This Authorization for Release of Information should only seek information that is necessary to determine if the requested reasonable accommodation is needed because of a disability.

This Authorization does *not* authorize HHA to examine my medical records, including diagnosis or test result(s); nor does this authorize the release of detailed information about the nature or severity of my disability.

The information/documentation released as a result of this Authorization shall be kept confidential and not shared with anyone unless required to make or assess a decision to grant or deny a reasonable accommodation request.

\_\_\_\_\_  
Name of Family Member/Parent/Legal Guardian [Print]

\_\_\_\_\_  
Relationship to Person with Disability

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**PLEASE PROVIDE THE FOLLOWING INFORMATION:**

\_\_\_\_\_  
Name of Health Care Provider/Documenting Authority

\_\_\_\_\_  
Title

\_\_\_\_\_  
Company

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
Fax Number



**HIALEAH HOUSING AUTHORITY**



**SECTION 8 DEPARTMENT  
75 EAST 6<sup>TH</sup> STREET, HIALEAH, FL 33010  
PH: 305-887-9844 – FAX: 305-882-5812**

**REASONABLE ACCOMMODATION VERIFICATION  
TO BE USED ONLY IF THE DISABILITY IS NOT OBVIOUS OR KNOWN OR  
IF THE NEED FOR THE REQUESTED ACCOMMODATION IS NOT  
APPARENT OR KNOWN**

HEAD OF HOUSEHOLD: \_\_\_\_\_ TENANT NO.: \_\_\_\_\_  
(PRINT NAME)

**Re: Reasonable Accommodation Request**

FOR: \_\_\_\_\_ TELEPHONE NO.: \_\_\_\_\_  
(PRINT NAME OF HOUSEHOLD MEMBER FOR WHOM THE REQUEST  
IS BEING MADE)

PLEASE RETURN TO: \_\_\_\_\_ HHA PHONE: (305) 888-9744  
(HHA EMPLOYEE NAME)

Hialeah Housing Authority  
75 East 6<sup>th</sup> Street  
Hialeah, Florida 33010

***THE FOLLOW SECTION IS TO BE FILLED OUT BY THE DESIGNATED VERIFICATION SOURCE:***

1. The individual seeking an accommodation is a person with a disability according to the following definition: "Disability" is defined as a physical or mental impairment that substantially limits one or more major life activities; a record of having such impairment, or being regarded as having such impairment.  
 YES                       NO
2. Describe the problem(s) that the person is having with the HHA dwelling, building, property, practice, rule, policy, procedure, program or service:
3. Describe the type of change(s), feature(s) or assistance required:
4. Using the checklist on the following page, indicate the functional limitation(s) (i.e. the way major life activities are substantially limited) of the person for whom the accommodation is requested.

5. Please describe the relation between the person's functional limitation(s) and the requested accommodation. Do not provide unnecessary details about the medical history or disabled status of the person seeking an accommodation.

\_\_\_\_\_  
Name of Verification Source

\_\_\_\_\_  
Title

\_\_\_\_\_  
Company

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone Number & Fax

CLIENT'S NAME: \_\_\_\_\_

CLIENT No.: \_\_\_\_\_

TYPE OF MAJOR LIFE ACTIVITIES (Check applicable)	DISABILITY STATUS D - Disabled* (or) ND - Not Disabled (Enter D or ND as applicable)
<input type="checkbox"/> Walking	
<input type="checkbox"/> Standing	
<input type="checkbox"/> Climbing	
<input type="checkbox"/> Bending	
<input type="checkbox"/> Stooping	
<input type="checkbox"/> Kneeling	
<input type="checkbox"/> Use of Hands	
<input type="checkbox"/> Reaching	
<input type="checkbox"/> Self-Care	
<input type="checkbox"/> Speaking	
<input type="checkbox"/> Breathing	
<input type="checkbox"/> Seeing	
<input type="checkbox"/> Hearing	
<input type="checkbox"/> Lifting	
<input type="checkbox"/> Intelligence (a person's capacity for understanding)	
<input type="checkbox"/> Thinking (the ability to form or conceive in the mind)	
<input type="checkbox"/> Perception (the brain's interpretation of internal and external stimuli)	
<input type="checkbox"/> Judgment (the ability to assess a given situation and act appropriately)	
<input type="checkbox"/> Mood (emotional tone underlying behavior)	
<input type="checkbox"/> Behavior (specifically examining behavior that is disruptive, distressing or aggressive)	
<input type="checkbox"/> Other (Please specify in non-technical terms that simply describe what the client cannot do or has difficulty doing)	
<b>HEALTH CARE PROVIDER/VERIFICATION SOURCE INFORMATION</b>  PRINT NAME: _____	SIGNATURE: _____ DATE: _____ TELEPHONE NUMBER: _____
NOTES: (Use additional sheet if necessary)	

\* "Disability" is defined as a physical or mental impairment that substantially limits one or major life activities



**HIALEAH HOUSING AUTHORITY**

75 EAST 6<sup>TH</sup> STREET, HIALEAH, FL 33010

PH: 305-888-9744 – FAX: 305-887-8738



**DENIAL OF REQUEST FOR REASONABLE ACCOMMODATION**

Date:

To:

Dear Applicant or Resident:

You requested the following change or accommodation [*describe request*]. We have attached a copy of your request form. We have denied your request because:

- You do not meet the definition of an individual with handicaps and we are not required to provide a reasonable accommodation.
- We think the accommodation you requested is not reasonable because we have decided:

You do not need this accommodation in order to enjoy or participate equally in our housing.

It will create undue financial and administrative burdens for us.

It will change the fundamental nature of our program.

We have decided this because [*give reasons, in clear and simple language*].

We relied on these facts to deny your request [*give facts, in clear and simple language*].

To make this decision we [*tell what documents or records we reviewed, tell which people we spoke with, describe other aspects of our investigation process*].

If you disagree with our decision, you may contact

Fair Housing and Equal Opportunity (FHEO)  
U.S. Department of Housing & Urban Development  
909 S.E. First Avenue,  
Suite 500, Miami, Florida 33131. :  
(305) 520-5038.

[Signature and closing]



**HIALEAH HOUSING AUTHORITY**

75 EAST 6<sup>TH</sup> STREET, HIALEAH, FL 33010

PH: 305-888-9744 – FAX: 305-887-8738



**APPROVAL OF REQUEST FOR A REASONABLE ACCOMMODATION**

Date:

To:

Dear Applicant or Resident:

We have approved your request for the following change or reasonable accommodation [description]:

- We can provide you with this accommodation by [date].
- To make the change you requested, we must [please describe]. This is why we are not able to provide you with the accommodation immediately.
- [other reason for delay].

Please call us at [our telephone number] if you have any questions.

If you think this change or reasonable accommodation is not what you requested, if it is not acceptable, or if you object to the amount of time it will take to provide it, you may contact:

Fair Housing and Equal Opportunity (FHEO)  
U.S. Department of Housing & Urban Development  
909 S.E. First Avenue,  
Suite 500, Miami, Florida 33131. :  
(305) 520-5038.

[Signature and closing]

**APPENDIX D**

**EMPLOYEE ACKNOWLEDGMENT**

I acknowledge that on \_\_\_\_\_, I was provided copies of the Consent Decree entered by the Court in United States v. Hialeah Housing Authority, Case No. 08-22679-CIV-GOLD/GOODMAN (S.D. Fla.), including the Nondiscrimination Policy and Hialeah Housing Authority Reasonable Accommodation Policy and Procedures. I have read and understand these documents and have had my questions about these documents answered. I understand my legal responsibilities and shall comply with those responsibilities.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Job Title

\_\_\_\_\_  
Date



**APPENDIX E**

**EMPLOYEE TRAINING CERTIFICATION**

I certify that on \_\_\_\_\_, I received training with respect to my responsibilities under the Consent Decree entered by the Court in United States v. Hialeah Housing Authority, Case No. 08-22679-CIV-GOLD/GOODMAN (S.D. Fla.), and the federal Fair Housing Act. I was also instructed as to the rental policies and procedures, including the Nondiscrimination Policy and Hialeah Housing Authority Reasonable Accommodation Policy and Procedures I have received copies of and have read the Consent Decree, the Nondiscrimination Policy and the Hialeah Housing Authority Reasonable Accommodation Policy and Procedures, and I have had my questions about these documents answered. I understand my legal responsibilities and shall comply with those responsibilities.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Job Title

\_\_\_\_\_  
Date