

REASONABLE ACCOMMODATION POLICY

I. Policy Overview

In general, the federal Fair Housing Act (“Act”) and other federal, state and local fair housing laws require the Housing Authority of the City of Anderson (“Housing Authority”) to make reasonable accommodations or modifications to afford qualified disabled residents, applicants and voucher holders to participate in Housing Authority programs, services, or activities. The Housing Authority is dedicated to ensuring it complies with its reasonable accommodation and modification obligations, and to ensuring that persons with disabilities are not discriminated against on the basis of disability in connection with the Housing Authority’s programs, services and activities.

The Housing Authority has adopted a policy (“Policy”) to set forth the standards and procedures for its handling of requests for reasonable accommodations or reasonable modifications.

While housing choice (also known as Section 8) voucher holders may make reasonable accommodation requests to the Housing Authority pertaining to program-specific needs, any reasonable accommodation or reasonable modification request regarding the specific condition of the private property in which the voucher holder lives or the specific rules imposed by the voucher holder’s private landlord should be directed to the private landlord.

II. Definitions

Who qualifies as a person with a disability under the Act:

Under the Act, a person with a disability (also known as a “handicap”) is defined to include a person who:

- Has a physical or mental impairment that substantially limits one or more major life activities;
- Has a record of such an impairment; or
- Is regarded as having such impairment.

The definition of a person with disabilities does not include:

- Current illegal drug users; and
- Persons who objectively pose direct threat to health or safety.

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 (HIV) infection, mental retardation, emotional illness, drug addiction (other than addiction caused by current, illegal use of a controlled substance) and alcoholism.

The term “substantially limits” suggests that the limitation is “significant” or “to a large degree.”

The term “major life activity” means those activities that are of central importance to daily life, such as seeing, hearing, walking, breathing, performing manual tasks, caring for one’s self, learning, and speaking. This list of impairments and major life activities is not exhaustive.

What is a reasonable accommodation?

A “reasonable accommodation” is a change, exception, or adjustment to a rule, policy, practice, or service that may be necessary for a person with a disability to have an equal opportunity to use and enjoy a Housing Authority dwelling, including public and common use spaces, or to participate in Housing Authority programs, services, or activities. A reasonable accommodation (or sometimes referred to as “modification” in this context) may also be a structural change to a common area or a dwelling that is needed to allow a person with a disability to have an equal opportunity to use and enjoy a Housing Authority dwelling, including public and common use spaces, or to participate in Housing Authority programs, services, or activities.

To show that a requested accommodation may be necessary, there must be an identifiable relationship, or nexus, between the requested accommodation and the individual’s disability. Further, the accommodation must be “reasonable.”

What is a reasonable modification?

A “reasonable modification” is a structural change made to existing premises, occupied or to be occupied by a person with a disability, in order to afford such person full enjoyment of the premises. Reasonable modifications can include structural changes to interiors and exteriors of dwellings and to common and public use areas. A request for a reasonable modification may be made at any time during the tenancy. The Act makes it unlawful for a housing provider or homeowners’ association to refuse to allow a reasonable modification to the premises when such a modification may be necessary to afford persons with disabilities full enjoyment of the premises.

To show that a requested modification may be necessary, there must be an identifiable relationship, or nexus, between the requested modification and the individual's disability. Further, the modification must be "reasonable." Examples of modifications that typically are reasonable include widening doorways to make rooms more accessible for persons in wheelchairs; installing grab bars in bathrooms; lowering kitchen cabinets to a height suitable for persons in wheelchairs; adding a ramp to make a primary entrance accessible for persons in wheelchairs; or altering a walkway to provide access to a public or common use area. These examples of reasonable modifications are not exhaustive.

Generally, for public housing tenants, the Housing Authority is responsible for the costs associated with a reasonable accommodation or modification unless it is an undue financial and administrative burden. Section 8 voucher holders, however, generally do not have the right to have the Housing Authority pay for reasonable modifications to properties owned and operated by private owners.

III. Requesting a Reasonable Accommodation or Modification

A resident or an applicant for housing makes a reasonable accommodation or modification request whenever he/she provides reasonable notice to the Housing Authority that he/she is requesting an exception, change, or adjustment to a rule, policy, practice, or service because of his/her disability. He/she should explain what type of accommodation/modification he/she is requesting and, if the need for the accommodation/modification is not readily apparent or not known to the provider, explain the relationship between the requested accommodation/modification and his/her disability.

An applicant or resident is generally not entitled to receive a reasonable accommodation/modification unless she requests one. However, there are some circumstances under which the Housing Authority has an affirmative obligation to accommodate an applicant or resident, such as when the disability and the need for the accommodation is obvious. The law does not require that a request be made in a particular manner or at a particular time. A person with a disability need not personally make the reasonable accommodation/modification request; the request can be made by a family member or someone else who is acting on his/her behalf. An individual making a reasonable accommodation/modification request does not need to mention the Act or use the words "reasonable accommodation/modification." However, the requester must make the request in a manner that a reasonable person would understand to be a request for an exception, change, or adjustment to a rule, policy, practice, or service because of a disability, or a request for a structural change made to existing premises, occupied or to be occupied by a person with a disability, in order to afford such person full enjoyment of the premises.

A reasonable accommodation/modification request can be made to the Housing Authority **orally or in writing**. If an applicant or resident chooses to submit a

request in writing, the written request can be delivered or mailed to the following address: Anderson Housing Authority, attn.: Low Income Public Housing Manager of the Housing Authority, 528 W 11th St, Anderson, Indiana 46016. If a written request is dropped off to this address, the Housing Authority prefers that the request be submitted during normal business hours of 8:30 a.m. EST to 4:30 p.m. EST. However, the applicant or resident is not required to deliver a request during those hours, and the Housing Authority's decision to grant or deny the request will not be negatively impacted by the fact that the delivery of the request occurred outside of business hours. A sample request form for a reasonable accommodation/modification ("Request for Reasonable Accommodation/Modification Form") is attached to this Policy, and may, but does not have to, be used to convey a written request for a reasonable accommodation/modification.

If a request for a reasonable accommodation/modification is orally made to the Housing Authority, the Housing Authority asks that the applicant or resident refrain from making such request outside of the public housing setting in order to avoid confusion to the Housing Authority as to whether a request was made. Also, when an oral reasonable accommodation/modification request is made, the Housing Authority will ask the applicant or resident to complete a Request for Reasonable Accommodation/Modification Form to document the request and ensure the Housing Authority understands the request. If the tenant fails to complete the form, the Housing Authority will complete the form as best it can to document the request.

You may also seek the help of the AHA Ombudsman to present your request to AHA.

VI. Verification of Disability and Need for Requested Accommodation or Modification

If the individual making an accommodation/modification request has an obvious disability and the need for the accommodation/modification is obvious, the individual need only explain what type of accommodation/modification he/she is requesting. No verification of disability and/or necessity is required under these circumstances.

If the disability or the need for the accommodation/modification is not obvious, the Housing Authority is entitled to obtain information that is necessary to evaluate if a requested reasonable accommodation/modification is necessary because of a disability. Specifically, the Housing Authority may request a (1) verification that the resident meets the Act's definition of disability; (2) description of the needed accommodation/modification; and (3) verification of the relationship between the person's disability and the need for the requested accommodation/modification. In order to facilitate this process, the Housing Authority would prefer that the resident requesting a reasonable accommodation/modification complete the Third-Party

Verification of Disability and Need for Requested Accommodation/Modification Form (“Verification Form”) attached to this Policy and submit it to the Low Income Public Housing Manager of the Housing Authority at 528 W 11th St, Anderson, Indiana 46016. However, the use of such Verification Form is not necessary in order to provide the Housing Authority with the aforementioned verification, and an applicant’s or resident’s request will not be negatively affected if he/she does not follow this preference.

V. Decision Regarding a Request for a Reasonable Accommodation or Modification

Within fourteen (14) days of receiving a request for a reasonable accommodation/modification from a resident or verification, if required, of the resident’s disability and need for requested accommodation/modification, whichever occurs later, the Housing Authority shall notify the resident in writing of the Housing Authority’s decision regarding the reasonable accommodation/modification request, and an explanation of the basis for a denial if the request is denied.

Under the Act, the Housing Authority may deny a request for a reasonable accommodation/modification if the applicant/resident does not have a disability within the meaning of the Act, if there is no disability-related need for the accommodation and/or if the relationship (nexus) between the requested accommodation and the applicant’s/resident’s disability is not established. Furthermore, a request for a reasonable accommodation/modification may be denied if providing the accommodation is not reasonable, i.e. if it would impose an undue financial and administrative burden on the Housing Authority or it would fundamentally alter the nature of the Housing Authority’s operations. For each request for reasonable accommodation or reasonable modification made to the Housing Authority, the Housing Authority will engage in an interactive process with the applicant/resident, whereby the Housing Authority will communicate to the applicant/resident any deficiencies in the request and the verification received if applicable.

There may be instances where the Housing Authority believes that, while the accommodation requested by an individual is reasonable, there is an alternative accommodation that would be equally effective in meeting the individual’s disability-related needs. In such a circumstance, the Housing Authority should discuss with the individual if she is willing to accept the alternative accommodation. However, the Housing Authority is aware that persons with disabilities typically have the most accurate knowledge about the functional limitations posed by their disability, and an individual is not obligated to accept an alternative accommodation suggested by the Housing Authority if she believes it will not meet her needs and her preferred accommodation is reasonable.

VI. Construction

Nothing in this policy is intended or shall be construed to limit the application or effect of any applicable HUD rule, notice or guidance, including but not limited to the HUD Rule governing equal access to housing, 24 C.F.R. Parts 8 and 100 and Joint Statement of the Department of Housing and Urban Development and the Department of Justice: Reasonable Modifications Under the Fair Housing Act (March 5, 2008) and Joint Statement of the Department of Housing and Urban Development and the Department of Justice Reasonable Accommodations Under the Fair Housing Act (May 17, 2004). If a person with a disability believes that a request has been denied unlawfully, he or she may file a complaint with:

Tamie Dixon-Tatum
City of Anderson
Human Relations Department
City Hall - 3rd Floor
120 East 8th Street
Anderson, IN 46016
(765) 648-6136

U.S. Department of Housing and Urban Development
Office of Fair Housing and Equal Opportunity
451 7th Street S.W.
Washington, DC 20410

**REQUEST FOR REASONABLE ACCOMMODATION/MODIFICATION AND
AUTHORIZATION FOR RELEASE OF INFORMATION FORM**

If you would like to request a reasonable accommodation/modification on behalf of yourself or an applicant/resident of one of the Anderson Housing Authority's public housing dwellings, you may, but are not required to, complete this form. If you choose to fill out this form to make a reasonable accommodation/modification request, please return the form to the Anderson Housing Authority, Attn: Low Income Public Housing Manager, 528 W 11th St, Anderson, Indiana 46016. If you would like assistance in completing this form, please contact the Anderson Housing Authority's Low Income Public Housing Manager, in person at 528 W 11th St, Anderson, Indiana 46016, or by phone at (765) 641-2620. In the event the Anderson Housing Authority determines that verification of your disability or the medical need for the requested accommodation is required, you will be asked to complete the attached Authorization for Release of Information and to provide it to the Anderson Housing Authority at the above-referenced address. You may request a reasonable accommodation by communicating to the Anderson Housing Authority without completing this form. Your request will not be negatively affected by your decision not to complete this form. If you do not complete the form, the Housing Authority will complete the form as best it can to document the request.

Today's Date: _____

Name of applicant/resident who needs the accommodation/modification:

Address and phone number of applicant/resident:

Name and phone number of person to be contacted about request (if different than above):

Summary of requested accommodation/modification and necessary reason for accommodation/modification:

HUD and any owner (and any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on consent forms. Use of the information collected on the basis of this verification is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined. An applicant or participant affected by negligent disclosure of information may bring civil action for damages and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 42 U.S.C. 208 (f) (g) and (h). Violations of these provisions are cited as violations of 42 U.S.C. 408 f, g, and h.

INITIAL RESPONSE: (to be completed by AHA upon receipt of request for accommodation/modification)

- The applicant/resident’s disability is known or obvious to AHA and the relationship between the disability and the requested accommodation/modification is apparent. The request will be reviewed without third-party verification.
- The applicant/resident’s disability is known or obvious to AHA but the medical need for the accommodation/modification is not. Before the AHA can make a decision, it must have third-party verification of the disability-related need for the accommodation/modification. The applicant/resident must have his/her health care provider or other qualified professional complete the Third-Party Verification and submit it directly to the AHA.
- The applicant/resident’s disability is not known to the AHA. The AHA requires third-party verification that the applicant/resident meets the definition of disabled and that there is a disability-related need for the accommodation/modification. The applicant/resident must have his/her health care provider or other qualified professional complete the Third-Party Verification and submit it directly to the AHA.

Date: _____

Printed name: _____ Signature: _____

DECISION: (to be completed by Anderson Housing Authority following review of request)

Accommodation/Modification Request: Approved as Requested / Approved with Alternative Accommodation/Modification / Denied

A separate and completed Reasonable Accommodation/Modification Request Decision has been provided to the applicant/tenant.

Date: _____

Printed name: _____ Signature: _____

AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____ (*print name of person with disability here*) have made a request for a reasonable accommodation/modification to the Anderson Housing Authority to accommodate my disability or otherwise modify my dwelling or other part of the housing development, in order to have equal access due to my disability. I hereby authorize you to share any information with the Anderson Housing Authority, in addition to the United States Department of Housing and Urban Development (HUD), that will help verify that I am disabled and explain why I need the accommodation/modification that I am seeking, as verification of my eligibility and need for the requested change. I understand that this information will be kept confidential and used only for the purposes stated above. I may withdraw this permission at any time. This Authorization does not authorize the Anderson Housing Authority to examine my medical records.

Name of person to provide medical verification:

Address:

Telephone: _____

Fax Number: _____

Date

Signature of individual with a disability/guardian

Printed name of individual with a disability/guardian

Date of birth of individual with a disability

REASONABLE ACCOMMODATION/MODIFICATION REQUEST DECISION

Applicant/resident name: _____ Date: _____

Address of applicant/resident: _____

Dear Applicant/Resident:

We have completed the review of your request for a reasonable accommodation/modification. The following is the outcome of the review:

- We approve the request.
- We approve the request with the following modifications(s):

- We are unable to approve the request because you do not meet the definition of a person with a disability. Therefore, we are not required to provide you with a reasonable accommodation/modification.
- We are unable to approve the request because it will fundamentally change the nature of our housing program.
- We are unable to approve the request because it will create an undue financial or administrative hardship for us.
- We are unable to approve the request because it is not structurally feasible.
- We are unable to approve the request because there is no identifiable nexus between the requested accommodation/modification and the disability.
- We are not yet able to fully evaluate the request because we have not yet received sufficient information about your request. Please promptly provide the Housing Authority with the following: _____
- Other: _____

This request was reviewed and its recommended action authorized by:

Executive Director

Date

Please acknowledge receipt of this decision by signing and dating this decision notice below and return it to the Anderson Housing Authority.

Applicant's/resident's name

Date

Anti-Harassment Policy

I. Policy Overview

The Housing Authority of the City of Anderson (“Housing Authority”) is committed to providing public housing, Housing Choice Voucher Program, and all housing programs that are free from unlawful discrimination and harassment. Unlawful harassment consists of unwelcome conduct, whether verbal, physical or visual, that is based upon or derisive of a person’s race, color, national origin, religion, sex, disability, the presence of children, or other legally protected characteristics or conduct, where the unwelcome conduct affects tangible housing benefits, unreasonably interferes with an individual’s use and enjoyment of their housing, or creates an intimidating, hostile, or offensive housing environment.

While the Housing Authority may have limited ability to directly control the conduct of property managers or owners of dwellings it does not own or operate, even when a housing choice (also known as Section 8) voucher issued by the Housing Authority is used to pay rent, applicants and tenants of such housing programs are encouraged to report any and all incidents of harassment to the Housing Authority. The Housing Authority may suggest that the program participant also report the harassment to HUD.

II. Sexual Harassment

While all forms of harassment are strictly prohibited, the Housing Authority emphasizes its prohibition of sexual harassment. Sexual harassment is defined as unwanted sexual advances, or visual, verbal, or physical conduct of a sexual nature. This definition includes many forms of offensive behavior and includes harassment of a person of the same sex as the harasser. The following is a partial list of sexual harassment examples:

- Unwanted sexual advances.
- Offering housing benefits or services in exchange for sexual favors.
- Making or threatening reprisals after a negative response to sexual advances.
- Visual conduct that includes leering, making sexual gestures, or displaying of sexually suggestive objects or pictures, cartoons, or posters.
- Verbal conduct that includes making or using derogatory comments, epithets, slurs or jokes.

- Verbal sexual advances or propositions.
- Verbal abuse of a sexual nature, graphic verbal commentaries about an individual's body, sexually degrading words used to describe an individual, or suggestive or obscene letters, notes, or invitations.
- Physical conduct that includes touching, assaulting, or impeding or blocking movements.

Unwelcome sexual advances (either verbal or physical), requests for sexual favors, and other verbal, physical or visual conduct of a sexual nature constitute sexual harassment when: (1) submission to such conduct is made either explicitly or implicitly a term or condition of housing; (2) submission to or rejection of the conduct is used as a basis for making housing decisions; or (3) the conduct has the purpose or effect of interfering with the use and enjoyment of housing or creating an intimidating, hostile, or offensive housing environment.

III. Other Unlawful Harassment

Harassment on the basis of any other protected characteristic is prohibited. Under this policy, verbal, physical or visual conduct that denigrates or shows hostility or aversion toward an individual because of his or her race, color, national origin, religion, sex, disability, the presence of children, or other legally protected characteristics or conduct violates this policy. Prohibited harassing conduct includes, but is not limited to, the following conduct: making epithets or slurs; negative stereotyping; threatening, intimidating, or hostile acts; denigrating jokes; and written or graphic material that denigrates or shows hostility or aversion and that is placed on walls or elsewhere on the Housing Authority's premises.

IV. Complaint Procedure

If you experience or witness sexual or other unlawful harassment, discrimination, or retaliation that violates this policy, please report it immediately in writing or by phone to the Low Income Public Housing Manager, the Executive Director or the Ombudsman pursuant to the Ombudsman Policy.

All allegations of sexual harassment and other unlawful harassment, discrimination or retaliation will be quickly and discreetly investigated. The investigation may include interviews with the person making the complaint, the person against whom the complaint is made, any potential witnesses identified by either person, or any person whom the Housing Authority believes has relevant information. To the extent possible, your confidentiality and that of any witnesses and the alleged harasser will be protected against unnecessary disclosure. However, the Housing Authority cannot guarantee confidentiality. The results of the investigation will be discussed with the person involved, and appropriate

disciplinary action, if any, will be taken, up to and including termination of employment.

The Housing Authority will not permit retaliation against anyone who complains or participates in the investigation. If an individual attempts to retaliate, severe discipline, up to and including termination or employment, will be imposed. If you believe you have been retaliated against for exercising your rights under this policy, you should report such conduct using the complaint procedure set forth above and/or in the Ombudsman Policy.

V. Discipline

Anyone engaging in sexual or other unlawful harassment will be subject to disciplinary action, up to and including termination of employment. Such determination will be made on a case-by-case basis.

VI. Construction

Nothing in this policy is intended or shall be construed to limit the application or effect of any applicable HUD rule, notice or guidance, including but not limited to the HUD Rule governing harassment in housing, 24 C.F.R. Part 100, 81 F.R. 63054-63075 (09/14/2016)

Non-Discriminatory Maintenance Policy

The Fair Housing Act prohibits discrimination in the sale, rental, and financing of dwellings, and in other housing-related transactions, based on race, color, national origin, religion, sex, disability, and the presence of children.

The Housing Authority of the City of Anderson (“Housing Authority”) is committed to fair and non-discriminatory practices throughout all of its programs and activities, including the provision of maintenance. The Housing Authority does not deny or otherwise limit maintenance services to public housing residents of its housing programs based on a resident’s race, color, national origin, religion, sex, disability, and the presence of children.

For tenants with limited mobility and/or mobility impairments living in a property owned, managed, or operated by the Housing Authority, and whose mobility impairments are known to the Housing Authority, the Housing Authority agrees to prioritize snow or ice removal for those tenants’ units, including any applicable walkways.

While the Housing Authority may have limited ability to directly control the conduct of property managers or owners of dwellings it does not own or operate, even when a housing choice (also known as Section 8) voucher issued by the Housing Authority is used to pay rent, residents of such housing programs are encouraged to make reports to the Housing Authority in the event they have concerns about the condition of their housing.

Ombudsman Policy and Procedures

The Housing Authority of the City of Anderson (“Housing Authority”) has appointed an Ombudsman to resolve complaints and disputes between the Housing Authority and residents, applicants and participants in its housing programs (“residents”).

This policy does not apply to disputes with owners or property managers of dwellings the Housing Authority does not own or operate, even when a housing choice (also known as Section 8) voucher issued by the Housing Authority is used to pay rent.

The Ombudsman is to act as a facilitator and mediator for the resolution of complaints between the Housing Authority and any resident with respect to any problem such resident may have in dealing with the Housing Authority resulting from the Housing Authority’s policies, procedures, practices and operations. The Ombudsman will ensure that complaints about the Housing Authority’s actions are addressed in a fair and timely manner

The Housing Authority and any resident involved in the Ombudsman process are expected to approach the Ombudsman process in good faith and with the intention of attempting to reach an agreement, and should be active participants in the process and if an agreement is reached, they should help develop the terms of the agreement with the assistance of the Ombudsman.

To ask the ombudsman for help resolving your complaint or concern, contact by telephone, email or mail:

City of Anderson
Human Relations Department
City Hall - 3rd Floor
120 East 8th Street
Anderson, IN 46016
Tel: 765-648-6135
Email: tdixontatum@cityofanderson.com

The Ombudsman will provide an initial response to complaints, usually within ten (10) business days. However, the Ombudsman may require additional time to complete the investigation and take appropriate action.

All complaints will be addressed through an unbiased process of gathering information from all parties related to the matter, reviewing applicable policies, procedures and practices of the Housing Authority, making appropriate findings, and/or providing helpful referrals or recommendations, if appropriate.

The Ombudsman will communicate with the complainant in general about the results of the complaint, but the Ombudsman may not be able to disclose findings, decisions or details due to confidentiality and privacy concerns or constraints.

Authority of the Ombudsman

The Ombudsman cannot respond to matters involving lawsuits or appeals that are pending against the Agency.

The Ombudsman may make referrals for legal or advocacy resources if appropriate, but cannot give legal advice.

The Ombudsman cannot make any recommendations to the court or to overturn a court decision.

The Ombudsman's role is confined to complaints resulting from the policies, procedures, practices and operations of the Housing Authority, and not internal functions such as administration and personnel.

The Housing Authority reserves the right to amend this policy at any time as circumstances require.

PRE-OCCUPANCY INSPECTION POLICY

I. Policy Overview

The Anderson Housing Authority strives to meet the United States Department of Housing and Urban Development's goal of maintaining public housing properties in decent, safe, sanitary and in good repair.

II. Procedure

To that end, the Anderson Housing Authority has adopted this policy ("Policy") to set forth the procedure for pre-occupancy inspections to be performed of its properties at or within three (3) days of a tenant's move-in date. During such pre-occupancy inspections, each tenant and the Anderson Housing Authority will collectively determine the condition of the applicable public housing property at the time of the inspection and whether such condition appears to meet HUD's goal of providing properties in decent, safe, sanitary and in good repair. A Pre-Occupancy Inspection Form, to be completed by each tenant and the Anderson Housing Authority Low Income Property Manager/Assistant Manager, will be used for such purpose. A copy of the Pre-Occupancy Inspection Form, is attached to this Policy.

The Anderson Housing Authority will make any necessary repairs identified in each completed Pre-Occupancy Inspection Form before the tenant's move-in date if reasonably practicable given Anderson Housing Authority's other maintenance, safety, operational, funding and compliance requirements and limitations and if the Anderson Housing Authority has adequate funding to pay for such repairs.

III. Disagreements Concerning Condition of Properties

In the event a tenant and the Anderson Housing Authority are unable to agree on the condition of a property at the time of the pre-occupancy inspection, the tenant may file a complaint with the Ombudsman.

In order to initiate the complaint process with the Ombudsman, the tenant must complete an intake form, provided by the Ombudsman, and submit the completed intake form to the Ombudsman. The intake forms are located at the Ombudsman's office, located at:

City of Anderson
Human Relations Department
City Hall - 3rd Floor
120 East 8th Street
Anderson, IN 46016

In the event the tenant is unable to submit the intake form to the Ombudsman and/or complete the form without assistance, the tenant should contact the Ombudsman by telephone at: (765) 648-6136, and the Ombudsman will arrange for assistance for the tenant in completing and submitting the intake form.

IV. Reporting Future Maintenance Issues

In the event a tenant needs to report a maintenance issue(s) to the Housing Authority after the pre-occupancy inspection has been performed, and at any time during the duration of the tenant's residency, the tenant should contact the Housing Authority's maintenance department by calling the telephone number designated for such calls: (765) 641-2626. If a tenant has a need for maintenance services related to his/her disability, the tenant is encouraged to convey that request directly to the Low Income Public Housing Manager of the Housing Authority. However, such maintenance request(s) may also be made to the maintenance department or any other employee of the Housing Authority. The tenant is encouraged to make such a request in writing as to ensure the needs are properly communicated.

Anderson Housing Authority Public Housing Pre-Occupancy Inspection Form

The Anderson Housing Authority strives to provide “decent, safe, sanitary and in good repair” public housing, as set forth in applicable HUD regulations, 24 CFR Section 5.703. This Pre-Occupancy Inspection Form sets forth the physical condition standards established by HUD to meet its goal of providing “decent, safe, sanitary and in good repair” public housing.

Within three (3) days of moving into a public housing unit owned or operated by the Anderson Housing Authority, the Low Income Public Housing Manager or Assistant Manager will walk through your property and unit with you to assess each of the items listed in this form for your public housing property and unit. In the event you do not agree with the Anderson Housing Authority’s representations of the condition of your property listed in this form, you should first attempt to resolve the complaint directly with the Low Income Public Housing Manager/Assistant Manager and the Executive Director. However, if neither the Low Income Public Housing Manager/Assistant Manager or the Executive Director resolve the situation to your satisfaction, you should contact the Ombudsman, by following the procedures set forth in the Ombudsman Policy and Procedures, copies of which are available at the Anderson Housing Authority’s office.

In the event you need to report a maintenance issue to the Housing Authority after the pre-occupancy inspection has been performed, and at any time during the duration of your residency, you should contact the Housing Authority’s maintenance department by calling the telephone number designated for such calls: (765) 641-2626.

Date of Move-in: _____ Date of Inspection: _____

Tenant Name: _____ Property Address: _____

Section I.

<u>Symbols:</u> Y = Free of health and safety hazards and operational defects N = NOT free of health and safety hazards or operational defects N/A = does not apply to your unit	Living Room	Kitchen	Dining Room	Bath 1	Bath 2	Hall	Bedroom 1	Bedroom 2	Bedroom 3	Bedroom 4	Bedroom 5	Patio/Porch Balcony	Interior Stairs/ Common Halls
Walls													
Ceiling													
Floors													
Light Fixtures													
Light Bulbs													
Light/Outlet Switches													
Receptacles													
Closet													
Call-For-Aid													
Smoke Detectors													

Window (Including Glass, Hardware, Shades, Screens, Curtain Rods)																				
Door (Including Glass, Hardware, Screens)																				
Electrical Systems																				
Hot Water Heater																				
HVAC																				
Plumbing																				

Section II.

Symbols: Y = Free of health and safety hazards and operational defects N = NOT free of health and safety hazards or operational defects N/A = does not apply to your property/unit	Access to Unit	
	Fire Exits	
	Evidence of infestation	
	Garbage and debris	
	Other interior hazards	
	Interior air quality	

Section III.

A check mark will be placed in the “Yes” or “No” column to reflect whether each of the following conditions are met.

- | | <u>Yes</u> | <u>No</u> |
|---|--------------------------|--------------------------|
| 1. Does the dwelling unit have hot and cold running water, including an adequate source of potable water? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 (a) Does the dwelling unit include its own sanitary facility? | <input type="checkbox"/> | <input type="checkbox"/> |
| (b) And if so, is that sanitary facility in proper operating condition, usable in privacy, and adequate for personal hygiene and the disposal of human waste? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Does the dwelling unit include at least one battery-operated or hard-wired smoke detector, in proper working condition, on each level of the unit? | <input type="checkbox"/> | <input type="checkbox"/> |

Certifications

I have inspected the property/unit. Any deficiencies are noted above. I agree with the conditions and all of the statements noted in this report.

X _____
Resident Signature

X _____
Date

I have inspected the property/unit. Any deficiencies are noted above. I agree with the conditions and all of the statements noted in this report.

X _____
*Anderson Housing Authority Low Income
Public Housing Manager/Assistant Manager*

X _____
Date