

**DRAFT- DRAFT-**

**ATTACHMENT B**

**OFFICE OF FAIR HOUSING AND EQUAL OPPORTUNITY (FHEO)  
AND  
OFFICE OF PUBLIC AND INDIAN HOUSING (PIH)**

**ON-SITE LIMITED MONITORING REVIEW -- SECTION 504**

Public reporting burden for this collection of information is estimated to average 2 hour per response. This includes the time for collecting, reviewing, and reporting the data. The information collected during the onsite comprehensive reviews of Public Housing Agencies (PHAs) will be used by HUD to evaluate the PHAs' compliance with civil rights and fair housing laws and regulations (Regulatory Authorities: 24 CFR 1.6(b); 24 CFR 8.55; 24 CFR 125). The information is subject to the confidentiality requirements of the HUD Reform Legislation. This agency may not collect this information, and you are not required to complete this form unless it displays a currently valid OMB control number.

This checklist is to be completed by the Public Housing Agency (PHA), collected by Public and Indian Housing (PIH) during the on-site program management review. PIH will forward the completed checklist to FHEO within ten (10) business days of completing the PIH on-site program management review. If the data is not available for the reviewer to bring to FHEO, the PHA must forward the completed checklist directly to FHEO within five (5) business days of the PIH exit interview. This checklist is not intended to cover the full range of civil rights and fair housing concerns and PIH will not give any evaluation or analysis of the data. This checklist serves as an alert to PIH and FHEO to certain PHA practices regarding Section 504. Results are to be referred to FHEO for possible follow-up.

PIH should forward Attachment B "On-Site Limited Monitoring Review Section 504 Monitoring" checklist to the PHA for completion prior to the PIH on-site program monitoring review. The PHA should be instructed that PIH will collect the completed checklist during the on-site management review. PIH will then forward this material to FHEO within the appropriate timeframe.

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

PHA Identification Number: \_\_\_\_\_

Location: \_\_\_\_\_

Name of Person Completing Checklist:  
\_\_\_\_\_

Title of Person Completing Checklist:  
\_\_\_\_\_

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Telephone Number of Person Completing Checklist:

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Date of Completion:

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1.a. If the PHA has fifteen (15) or more staff members, please provide the name of the PHA Section 504 Coordinator:

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1.b. If the PHA does not have a Section 504 Coordinator, identify the person who handles issues/questions regarding meeting the needs of persons with disabilities.

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These questions are directed to the person named in answer to Questions 1.a. or 1.b. If no one was named, the person in the PHA with the most knowledge concerning persons with disabilities should respond to these questions and that name should be indicated.

2. How many dwelling units has the PHA designated UFAS-accessible (i.e., comply with the Uniform Federal Accessibility Standards)? NOTE: An “accessible housing unit” is a dwelling unit that is designed, constructed, altered, or adapted to comply with UFAS and is located on an “accessible route.”

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3. What is the distribution by bedroom size of the accessible dwelling units?

Bedroom size	TOTAL units	Number of UFAS-accessible units	Number of Units Accessible for hearing/visual impaired people
1 bedroom			
2 bedroom			
3 bedroom			
4 bedroom			
Other (specify)			
<b>TOTALS</b>			

4. How are requests from applicants or residents asking for a reasonable accommodation handled, if the PHA does not have a policy?

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5. When is the reasonable accommodation policy given to an applicant?

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6. When is the reasonable accommodation policy given to present tenants?

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7. Where there is no policy addressing assistance animals, how are applicants' or tenants' requests to have such animals handled?

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8. Is the tenant/applicant required to make a special deposit to have an assistance animal?

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9. Does the PHA have the required TTY/TDD or other equally effective telecommunications system? \_\_\_\_\_ Yes \_\_\_\_\_ No

10. What is the TTY/TDD number?

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11. How does the PHA staff communicate with persons who have hearing, speech, and/or visual impairments? Identify the system used by the PHA.

- \_\_\_\_\_ TTY/TDD
- \_\_\_\_\_ Interpreter
- \_\_\_\_\_ Relay system
- \_\_\_\_\_ Large print materials
- \_\_\_\_\_ Braille
- \_\_\_\_\_ Other (Specify) \_\_\_\_\_

12. Does the PHA's letterhead list:

\_\_\_\_\_ direct TTY number, provide number: \_\_\_\_\_ or  
 \_\_\_\_\_ relay telephone service number, provide number: \_\_\_\_\_

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13. What reasonable accommodation assistance does the PHA provide for persons seeking Housing Choice Voucher (formerly Section 8) housing?

- Extension of time to find housing
- Exception to fair market rent
- Transportation
- Other (Specify) \_\_\_\_\_

14. How many times in the last year has the PHA granted a fair market rent exception for persons with disabilities needing accessible features?

\_\_\_\_\_

15. Has a fair market rent exception ever been granted? \_\_\_\_\_  
When?

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

16. Has a fair market rent exception ever been denied? \_\_\_\_\_  
When?

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

17. What other rules or policies has the PHA implemented that affect persons with disabilities? (Identify.)

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

As the duly authorized representative of the PHA, I certify to the best of my knowledge and belief that the information presented on this checklist is true and accurate.

\_\_\_\_\_  
Signature of Authorized Official

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

\_\_\_\_\_  
Title of Authorized Official

\_\_\_\_\_  
Date (mm/dd/yy)