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Expanding Housing Resources for the Physically Disabled People in Providence Through the Providence Housing Authority

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EXPANDING HOUSING RESOURCES FOR THE PHYSICALLY DISABLED PEOPLE
IN PROVIDENCE THROUGH THE PROVIDENCE HOUSING AUTHORITY

BY

ANNE CUNNINGHAM

A RESEARCH PROJECT SUBMITTED IN
PARTIAL FULFILLMENT OF THE REQUIREMENTS
FOR THE DEGREE OF MASTER
OF COMMUNITY PLANNING

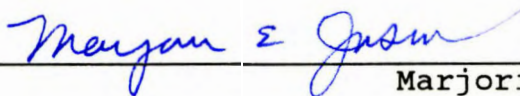
THE UNIVERSITY OF RHODE ISLAND
AT KINGSTON

FALL 1990

MASTER OF COMMUNITY PLANNING
RESEARCH PROJECT
OF
ANNE CUNNINGHAM

Approved:

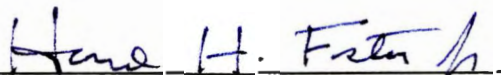
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ABSTRACT

The purpose of this Masters Research Project is to determine the extent of need for subsidized housing among the physically handicapped and sight and hearing impaired populations of Providence, Rhode Island, with a view to making recommendations for improvements in both the supply and quality of residential units provided for these people by the Providence Housing Authority. In addition, an examination is made of the minimum requirements mandated by the U.S. Department of Housing and Urban Development (Section 504, Title V of the Rehabilitation Act of 1973, as amended) for upgrades to the PHA housing stock, and an analysis is conducted of the necessary improvements to be made at each of the Authority's developments during the early 1990's.

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CHAPTER ONE

INTRODUCTION: STATEMENT OF ISSUES AND PROBLEMS

1.1 Purpose of the Study

The purpose of this master's project is to assess the need for affordable and accessible housing for physically disabled people in the City of Providence in order to develop guidelines, which will assist the Providence Housing Authority in providing the number and type of housing units that will best serve this segment of the population.

Physically disabled citizens, long an almost silent minority, are finding a voice through federal legislation to demand recognition, understanding of their special needs, and accommodation of government to those needs.

The United States Department of Housing and Urban Development (HUD), in response to Section 504 of Title V of the Rehabilitation Act of 1973, as amended, is requiring all public housing authorities to increase the number of handicapped accessible housing units available, as well as to ensure the total accessibility of their housing developments. On June 2, 1988, HUD published the subject final rule in the Federal Register at FR 20216-20254. This final rule implements Section 504. Part 8-Nondiscrimination Based on Handicap in Federally Assisted Programs and Activities of the Department of Housing and Urban Development, Subpart C-Program Accessibility contains the requirements concerning program accessibility for public

housing authorities (see APPENDIX A).

Briefly, these requirements are: that a minimum of 5 percent of public housing units be wheelchair accessible, and that 2 percent of all public housing units be accessible to either hearing or sight impaired people.

This study documents existing conditions and trends relative to the provision of housing for income eligible, physically disabled people in Providence. This includes changes in the housing market, numbers of units offered both by the Authority and other subsidized organizations, the demographics of the physically disabled within the PHA and citywide, and services available to this group.

1.2 Background to Current Housing Problems

During the mid-1980's the cost of housing escalated to a high point between 1985 and 1986 when a statewide increase of 31 percent for a single-family home substantially impacted the housing market in Rhode Island. For this same period that was a concomitant rise in residential rents. In a study carried out by Winsor Associates (1990) for the City of Providence, it was determined that during the 1980's, in every neighborhood in the city, except one, the rents more than doubled. Accompanying this increase in rents was a rise in the percentage of income used for rent, making it even more difficult for people on fixed incomes to pay for housing.

A significant proportion of physically disabled people fall into this fixed income category. In a study by The Governor's Committee on Employment of the Handicapped (1980) it was determined that the disabled population of Rhode Island was older, less likely to be employed, had less education, and was more likely to be receiving assistance than the general population. Moreover, many of these people require additional accessories and adaptations to their living space, making their housing even more costly than the general public.

The number of physically disabled people is increasing. With the continued refinement of technical skills, now babies born after four months gestation can be saved, where as in the past they would not have survived. Modern medicine also allows people to live longer, adding an entirely new demographic category to our language; the frail elderly. All these people need appropriate housing, and many fall under the physically disabled umbrella.

If housing for the physically disabled is to be provided it is necessary to understand who and how many fall within the category, and how best to provide for those who cannot afford satisfactory housing on their own incomes. The Providence Housing Authority exists to provide safe, decent, and affordable housing for the low income people living in the City of Providence, and is working to expand its services for the physically disabled.

1.3 Overview of the PHA: Organizational Structure/Mission

In order to provide a context for understanding the Providence Housing Authority's ability to respond to the need for housing for the disabled, an overview of the agency's mission and organizational structure is provided.

The Mission Statement for the PHA states first, "To provide decent, safe and sanitary housing and the highest level of service to responsible low income families and individuals" and second, "To create an environment which enables residents to live responsibly and with dignity and to support them in their efforts to achieve self-sufficiency."

To carry out this mission, the Providence Housing Authority was created in 1939 in accordance with the provisions of Chapter 45-25-7 of the General Laws of Rhode Island.

The PHA is a "body corporate and politic" governed by an eleven-member Board of Commissioners. Nine of the Commissioners are appointed by the Mayor of Providence, with three of his or her appointees chosen from among the residents of PHA developments and two elected by the City Council from among its members.

The organizational structure of the PHA requires that the Executive Director report to the Board of Commissioners. He or she is responsible for implementing all PHA policies. The six departments within the PHA are Housing Management, Planning and Special Services, Finance and Accounting,

Modernization and Development, Maintenance and Rental Housing (See FIGURE 1).

The PHA owns and manages 2,630 units of low income public housing located in thirteen developments and various scattered sites. Built in 1942, Chad Brown is the oldest of the public housing sites constructed in Providence (See FIGURE 2). Chad Brown, Admiral Terrace and Sunset Village have recently undergone complete renovation. Hartford Park and Manton Heights modernization programs are under way, and Coddington Court and Dexter Manor I modernization programs are in the planning stages.

In addition, the Authority administers Section 8 Certificates and Vouchers, as well as the Section 8 Moderate Rehabilitation Program which is carried out in conjunction with the City. This amounts to a total of 1,608 subsidized units in addition to the PHA-owned properties.

1.4 Organization of the Study

The principal questions to be addressed in this study are:

- o What is the demand for handicapped accessible housing in Providence?
- o What is the supply of subsidized, handicapped accessible housing units in Providence?
- o What are the perceived needs of this population?
- o What are the most appropriate recommendations for the Providence Housing Authority's handicapped

FIGURE 1

Providence Housing Authority
Table of Organization

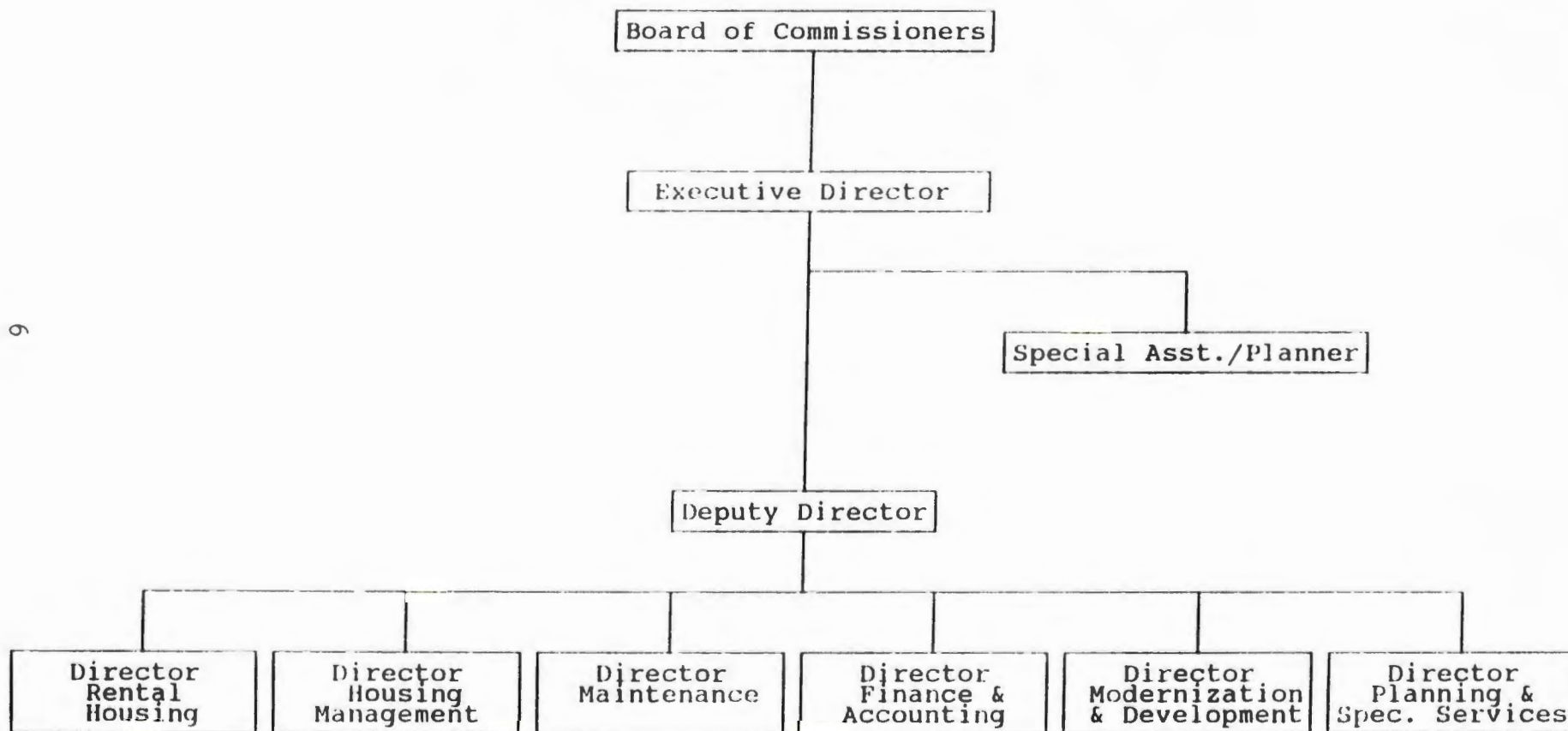
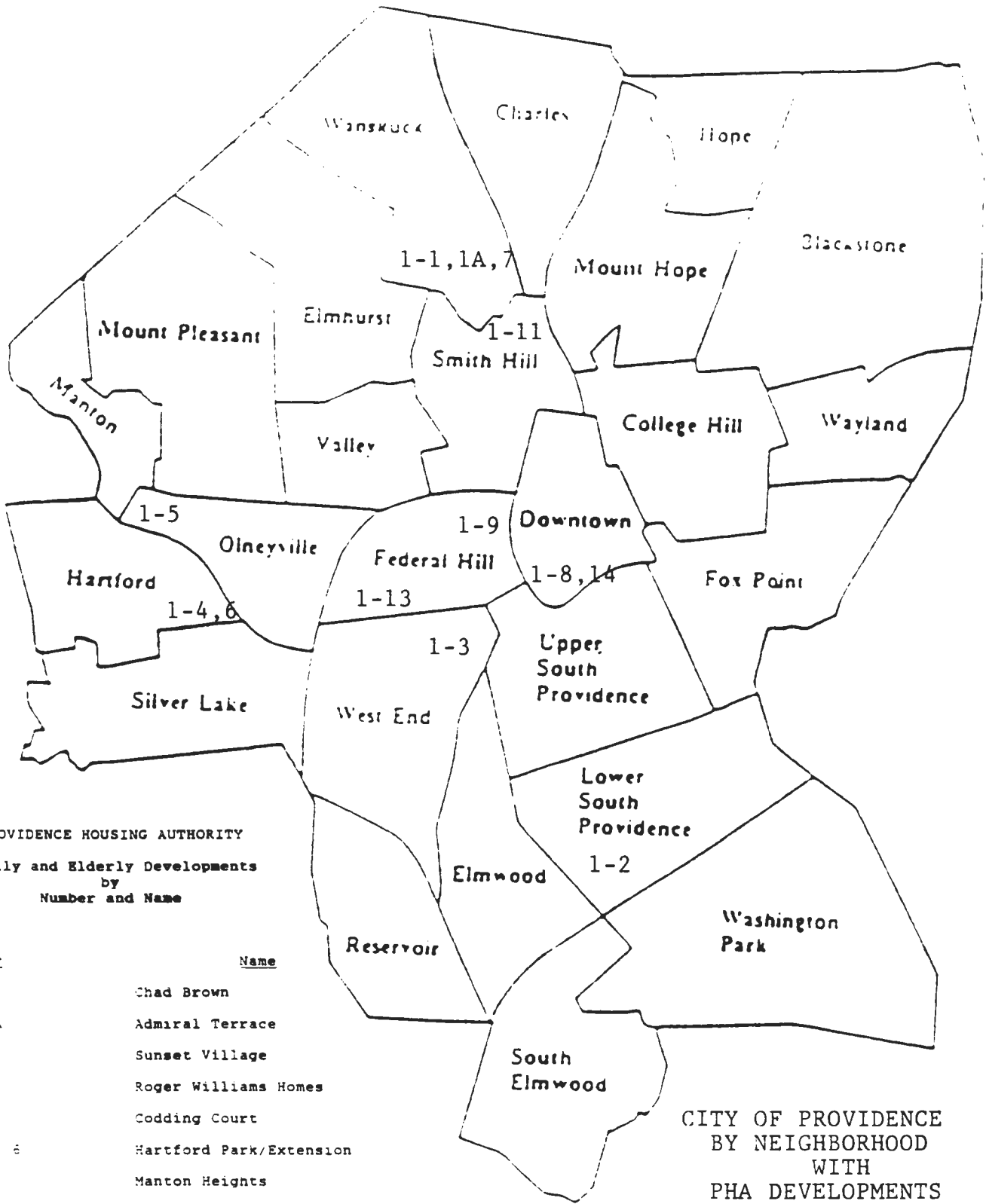


FIGURE 2



PROVIDENCE HOUSING AUTHORITY
 Family and Elderly Developments
 by
 Number and Name

Number	Name
1 - 1	Chad Brown
1 - 1A	Admiral Terrace
1 - 7	Sunset Village
1 - 2	Roger Williams Homes
1 - 3	Codding Court
1 - 4, 6	Hartford Park/Extension
1 - 5	Manton Heights
1 - 8	Dexter Manor I
1 - 9	Sister Dominica Manor
1 - 11	Joseph P. Carroll Tower
1 - 12	John D. Kilmartin Plaza
1 - 13	Flaminio Parenti Villa
1 - 14	Dexter Manor II

CITY OF PROVIDENCE
 BY NEIGHBORHOOD
 WITH
 PHA DEVELOPMENTS

accessibility program?

In addition to this introductory chapter, this master's research project is organized into three chapters:

- Chapter Two: A Review of Literature

The purpose of the literature review is to situate the discussion of housing problems and policies for the physically disabled in Providence within a more theoretical and national context. The literature review focuses on eight key elements of the research:

1. Trends in national housing, including data on home ownership, the residential rental sector and demographic shifts;
2. Decreases in federal funding of public housing initiatives since 1980;
3. Characteristics of the disabled population in Rhode Island and in Providence;
4. The type, rate and characteristics of housing production in Providence during the 1980's;
5. The issue of housing affordability in Rhode Island's capital city;
6. Federal legislation specifically relating to the issue of disabled housing provision in the public sector;
7. State legislation which has -- or will -- impact the provision of public housing units for the disabled; and
8. Housing initiatives which emerge from the researcher's examination of the literature.

- **Chapter Three: Presentation of Findings**

This section of the research project includes:

1. The study of the needs of the disabled population of Providence as well as the resident disabled population of the Providence Housing Authority; and
2. A discussion of the Providence Housing Authority's planned response to the identified needs of disabled people.

Chapter Three is divided into six sections, as follows:

1. Define and inventory the handicapped accessible units available in the PHA;
2. Identify physically disabled residents in and applicants to the PHA, the type of units they live in and develop a list of their needs;
3. Inventory social services available to physically disabled PHA residents and identify the services needed;
4. Inventory wheelchair accessible units available in the City of Providence to determine the supply of such units;
5. Estimate the number of income eligible, physically disabled people citywide to define the demand on the existing housing stock; and
6. Determine for each PHA development the physical obstacles that have been identified by HUD, through interviews with residents, PHA staff, and other service providers.

7. Summarize the findings of the analysis developed to determine the extent of need for handicapped accessible units.

- Chapter Four: Recommendations

The practical outcome of this master's research project is a set of very specific proposals for each of the housing developments managed and operated by the Providence Housing Authority, including the necessary actions the PHA must take in order to bring these units into compliance with Section 504, Title V. Information is provided, for each development, on the following areas for action:

1. Number of units in each development;
2. The number of units in each public housing development which are currently wheelchair and hearing/sight impaired accessible;
3. The percentage of total units in each development which must be wheelchair and hearing/sight impaired accessible under Section 504, Title V;
4. The site and architectural obstacles to achieving the HUD requirements; and
5. Action steps that the PHA should take to bring each development into compliance with the regulations.

CHAPTER TWO
A REVIEW OF LITERATURE

2.1 Legislative Framework

In July of 1949 the 81st Congress passed, and President Harry S. Truman signed, a major housing act that declared as an objective of public policy "the realization as soon as feasible of the goal of a decent home and a suitable living environment for every American family." (Public Law 171, 63 Stat. 413 (1949)) Still, 42 years later, we continue searching for solutions while the number of needy elderly, poor and disabled increases at a disturbing rate.

There is, of course, a variety of reasons why we are not yet able to catch up with ourselves. Many of the housing trends of the 1980's have illuminated why affordability and availability seem to recede before us even as governments continue to finance and subsidize housing for low and moderate income people.

Although the focus of this paper is on the disabled population in Providence, it is nevertheless extremely difficult to separate the disabled from the elderly and the poor. First, the disabled are to a great extent poor and to a great extent elderly. Second, there is very little information solely addressing disabled people. It is only recently that through legislation and education the disabled are becoming a visible and articulate group. Third, it is necessary to understand some basic background

information about national housing trends currently in motion because virtually all housing issues are related.

2.2 National Housing Trends

- Decrease in Home Ownership

A decline in home ownership since 1980 has eroded that most precious of American dreams - home ownership. Between 1940 and 1980, the percentage of those Americans owning their own homes grew from 44 percent to 65 percent. From 1980 to 1986 the overall drop was 1.8 percent nationally, with a 6 percent drop for the 30-34 age group and an average of a 4 percent drop for the 35-44 age group (Schwartz and Hoffman 1988).

- Increase in Cost of Housing

During the 1980's the cost of housing has escalated. The National Association of Home Builders reports that in 1977 the median cost of a new house was \$48,000, and for an existing house was \$42,900. By 1986 the cost had risen to \$92,000 for a new house and \$80,300 for an existing home. Steinleib and Hughes (1987) report that the percentage change from 1970 to 1985, for existing single-family homes sold was 253.2 percent for the Northeast, 192.5 percent for the midwest, 235.1 percent for the South and 291.8 percent for the West.

Steinleib and Hughes further explain that, "While this rate of increase (259.4 percent nationally) was far in excess of the overall pace of inflation as measured by the

CPI (177 percent), the total impact on the house purchaser was further magnified by the escalator of rising mortgage rates." (p.143).

Renters had no easier a time, as the percentage of families, nationally, with rent consuming above one-quarter of their income increased from 40 percent in 1974 to 60 percent in 1983. (Schwartz and Hoffman 1988) The increased costs in both owner-occupied and rental housing signify a decline in the available housing stock affordable to the low and moderate income people as well as a growth in the number of people needing affordable housing. This gap formed by the decrease in supply and an increase in demand for affordable housing is the area addressed by public housing.

- Increase in Homeless Population

During the 1980's there was an astonishing increase in the number of homeless people, with the most dramatic aspect of homelessness being the sharp increase in the number of families without permanent shelter. In 1984 HUD reported that 21 percent of the homeless were families. In 1986, the U.S.Conference of Mayors found the number of families had increased 31 percent over the past two years. In 1987 a study by the Partnership for the Homeless of New York found a majority of cities responding to them reported over 30 percent of the homeless were families.

- Decrease in Federal Funding for Housing

A fourth trend affecting housing is the decrease in federal spending during the 1980's. Expenditures on housing

programs were cut more deeply during this time than in any other area of federal spending. Total budget authority for HUD diminished by 57 percent from 1980 to 1987, from \$35.7 billion to \$15.2 billion - from 7 percent of the federal budget in 1978 to 1 percent in 1987 (Schwartz and Hoffman 1988).

Across the nation, these cuts were particularly severe in the area of new housing construction. In the 1981 budget 33,242 new, HUD assisted public housing units were funded; in 1984, 5,212 were funded, and in 1987, 0 were proposed. The Providence Housing Authority was very fortunate in receiving appropriations in 1987 for 240 replacement (not additional) units to be new construction. No additional, newly constructed units have been added to the PHA stock since 1983 when ninety-one units of elderly units were built. The last family units to be constructed were at Manton Heights, occupied in 1954 (see FIGURE 2).

Housing vouchers, seen as an alternative to new construction, were first funded in 1983. Since that time the percentage of total HUD-assisted housing that vouchers represent for the entire country has risen from 39 percent in 1985 to a proposed 96 percent in 1988. Concomitantly, the percentage of new construction (not rehab) has fallen from 56 percent in 1982 to a proposed 4 percent in 1988 (U.S. Department of Housing and Urban Development, 1981-1988).

Most affected by this decline in housing funds are the

elderly, handicapped persons, and low and moderate income families who often depend on rental assistance or subsidized public housing for their homes. These basic federal programs were cut by more than 70 percent in the 1980's.

- Demographic Trends

Finally, there are three national demographic trends which have predicted a shortage in the available housing for low and moderate income people in the 1990's. First, there is a substantial increase in the number of households in this country. The size of a household in 1940 was 3.67 persons, in 1975 it was 2.94, and in 1985 it was 2.69.

(U.S. Bureau of the Census 1985a) This statistic covers all household types with the exception of two or more unrelated adult households, and holds true for every region and metropolitan area, for both owned and rented households (Hughes and Sternlieb 1987). This is due largely to single, female-headed households and people living alone, many of whom are elderly and/or disabled, all population groups that tend to have lower incomes and live in public housing.

The second demographic trend is the increase in longevity which has produced a new category of older people, the frail elderly. "The absolute annual growth of those 65 years of age and older in the 1980's was (also) less than that of the 1970's. But as the demographic profile of 1985 for persons living alone is reviewed, the potential burden of support and future shelter requirements is made evident by the nearly 11 million persons living by themselves who

were over the age of 55." (Hughes and Steinleib 1987) Many of the elderly, already residing in PHA housing will "age in place", eventually requiring a high level of care. Housing authorities around the country are working to establish programs that will allow these elderly to remain in public housing while being cared for in a humane and effective manner.

Third, the baby boomers born in the 1950's are reaching the 30-45 year age group. This is the group that has historically purchased their first home. As their purchasing power decreases due to the rise in the cost of housing, their presence in the housing market, both owner-occupied and rental, will place an additional strain on the supply of available, affordable housing in the 1990's.

All of these national trends point to a tighter housing market in the 1990's, particularly for the lower income people, the elderly and the disabled. The remainder of this chapter focuses on the problem of meeting the "goal of a decent home" for a specific group---the low-income, physically disabled people in the City of Providence. A study of the Rhode Island and Providence disabled population and an overview of the Providence housing market will be followed by a summary of federal and state legislation which affects housing for the disabled. In addition, recent proposals for new affordable housing initiatives by state, local and federal government are reviewed.

2.3 Disabled Population

The 1980 United States Census reported 36 million disabled American citizens. This figure was ascertained through answers to only two inquiries on the survey: first, the noninstitutionalized people with a work disability and those not in the work force, and second, those persons with a public transportation disability and those not in the work force (U.S. Bureau of the Census 1980).

- The 1980 Rhode Island Census of Disabled People

Prior to the 1980 Census, on learning of the minimal definitive information that would be produced about the disabled population nationwide, the Rhode Island Governor's Committee on Employment of the Handicapped was funded to carry out a detailed survey of the disabled population in the state.

The 1980 Rhode Island Census of Disabled People found that 17.6 percent of the population surveyed was disabled. Using the Statewide Planning 1980 estimate of 944,700 residents in the state, the disabled population was estimated to be 166,200 statewide.

The Governor's Census also estimated the number of disabled people in all the state municipalities. It was estimated that 21.8 percent of the Providence population was disabled, 4.2 percent higher than the state percentage. Again, using Statewide Planning figures which estimated the 1980 Providence population at 154,300; the number of

disabled people in Providence was estimated to be 33,637.

This total included all disabled people, as the Governor's Census used the definition contained within the Rehabilitation Act of 1973, as amended, which reads, a "handicapped individual is any person who has a physical or mental impairment which substantially limits one or more of such person's major life activities." Therefore, the number of disabled people in Providence (1980) of 33,637 covers a broad spectrum of disability types as well as a wide range of degree of disability.

There are three basic groups of disabilities enumerated in the Governor's Census: health, physical and mental. For each disability group, the number and the percentage for Providence are listed below in TABLE 1. Again, this does not mean that 18,097 physically disabled people in Providence were confined to wheelchairs. It does mean that some are, some will be in the future, while others may never be. At this time there is no accurate means of predicting the above percentages.

TABLE 1

DISABILITY COMPARISON FOR PROVIDENCE, 1980

Type of Disability	# Prov. Disabled	% Prov. Disabled
Physical Disability	18,097	53.8%
Mental Disability	11,504	34.2%
Health Disability	4,036	12.0%
TOTAL	33,637	100%

Source: 1980 Rhode Island Census of Disabled Persons

Among other demographic characteristics stated in the Governor's Census are:

- o 60 percent of the disabled population was over the age of 55 as compared with 24 percent of the general population;
- o 42 percent of the disabled population was employed as compared with 59 percent of the general population; and
- o Almost 75 percent of the disabled population was receiving income from social security, public assistance or pensions.

Since this study was completed there have been no other comprehensive studies of the disabled population in Rhode Island. This has led to a serious deficit of information regarding this population making planning for this group difficult, and has allowed their particular problems to be ignored.

In 1980, the elderly population comprised a large segment of the disabled population. The elderly, not restricted to the disabled, is also a sizable and growing segment of the general population. See TABLE 2.

TABLE 2
PERCENTAGE OF PROVIDENCE POPULATION THAT IS ELDERLY

Age Cohort	1980 Census	1989 Estimate	1994 Projection
65+ Years	9.8%	10.9%	11.1%
75+ Years	4.4%	5.6%	6.2%

Source: D&B Donnelley Demographics, 1988

The percentage increase in the 75+ age group from 1980 to 1994 is almost 2 (1.8)percent. This is .5 percent higher than the 65+ group. As more people live longer, well into their seventies and eighties, the ranks of the disabled will swell with the frail elderly population.

Concurrently, with the continued refinement of technical skills within the field of medicine, more premature babies are surviving. Where once a four-month fetus born would certainly die, now they can survive; many to be faced with severe disabilities. These children will also need specialized care and housing.

While definitive current figures on the disabled population are virtually unavailable, we can anecdotally and through projections show that the disabled population is a substantial one (refer to Chapter Three). More statistical information will have to be compiled on this group in the future, particularly as more funding becomes available through federal and state legislation.

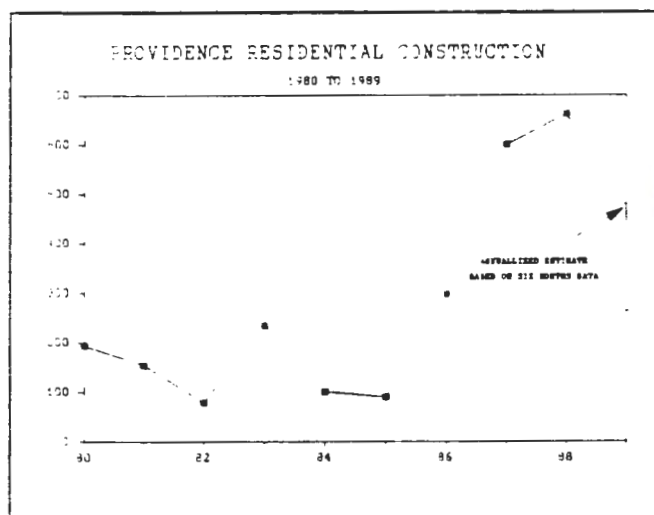
2.4 Housing Production in Providence

From January 1980 to June 1989, Winsor Associates (1990) reports a total of 1,078 residential building permits for new housing starts, representing 2,543 individual housing units, were issued by the City of Providence. Almost half of these permits were issued in 1987 and 1988, in response to the housing market "boom" experienced in 1985-1987. In 1989, the number of permits decreased,

bringing new construction back in line with the early-eighties at around 300 housing starts per year. FIGURE 3 shows the precipitous increase and eventual decrease of residential construction in the 1980's

FIGURE 3

PROVIDENCE RESIDENTIAL CONSTRUCTION



Source: Winsor Associates, 1990

As to the ownership of this new construction, Winsor Associates (1990) looked at five categories: private, commercial, non-profit, public and institutional. As TABLE 3 shows, the non-profit sector representing those housing units affordable to low and moderate income people, comprised only 2.7 percent (a total of thirty) of the building permits authorized from January 1980 to June 1989.

TABLE 3

CONSTRUCTION TRENDS BY OWNERSHIP CATEGORY

Ownership Category	Number of Records	Percent of Total
Private	75	14.14
Commercial	158	24.94
Non-profit	5	0.77
Public	1	0.14
Institutional	1	0.14

Source: Winsor Associates, 1990

- Public Sources of Funding

The City of Providence supports the development of housing for low and moderate income people through several channels. The Community Development Block Grant (CDBG) is a yearly HUD grant to entitlement cities of funds covering all HUD sponsored programs. The size of the grant is determined by percentage growth in population, percentage of persons below poverty level, and the number of housing units built before 1940. The funds are used at the discretion of city officials, and may be used for programs other than housing such as economic development, administration and public services.

In a study by the A. Alfred Taubman Center for Public Policy and American Institutions, at Brown University, (1988) it is stated that: "Overall, the 81 cities included in our national sample, earmarked nearly half of their 1987 CDBG funds for housing programs; in Providence, less than one-fifth of the City's CDBG entitlement was used for housing activities." (p.23) In actuality, only \$400,000 or 6.88 percent of the city's \$5.9 million grant in 1987 went directly to the rehabilitation of housing.

Two other potential funding sources for low and moderate income housing are the Urban Development Action Grant (UDAG) and the Housing Development Action Grant (HODAG). The UDAG is an economic development program, the payback from which is to be used to support affordable housing and community development projects. The HODAG is direct housing funds that require 20 percent of the units be available to low and moderate income families for 20 years. The Taubman study reports that 26 units of affordable housing (\$18.0 million funded) have been supplied through the UDAG program (from 1977-1987), and 28 units have been provided (\$3.0 million funded) through the HODAG program (from 1984-1987).

The final housing program sponsored by the City is the Rental Rehabilitation program in which up to \$5000 per housing unit will be matched by the City for rehabilitation of rental units. The initial tenants, after the rehabilitation is completed are to be low income. This is encouraged by supplying the first tenants with Section 8 Vouchers or Certificates. \$1.5 million in program funds have leveraged over \$2.0 million in private funds for the rehabilitation of approximately 450 units in 119 buildings since 1984. Therefore, the Rental Rehabilitation program has proved to be more efficient at producing homes for the poor than either the UDAG or HODAG programs.

State financed housing programs that affect the low, moderate and middle income population in Providence are

administered through the Rhode Island Housing and Mortgage Finance Corporation (Rhode Island Housing), an entity established in 1973 by the state legislature to creatively address the unmet housing needs of lower-income state residents. The federal government sets the definitions for levels of income. Low income is 50 percent and below the median family income for the area; moderate income is 51 - 80 percent of the median area family income; and anything above 80 percent would be middle income and above.

Through the sale of tax-exempt notes and bonds, as well as direct funding from the state, Rhode Island Housing provides mortgage assistance, repair loans, loans for non-profit and for-profit housing construction, and emergency housing and shelter grants.

The Taubman report is critical of the high proportion of Rhode Island Housing funds spent on mortgages for middle income people as contrasted with the level of funding stipulated for housing production for low and moderate income people. Using figures from the Taubman report, from 1986 to 1988, over \$95.8 million dollars have been available for mortgages and only \$10.0 million have been available for housing development. Furthermore, the report states that of the \$10.0 million earmarked for housing development, only \$5.0 million has been committed.

Neither the City nor the State has been successful in stimulating the production of low and moderate income housing. The Providence Housing Authority is well aware of

the dearth of affordable housing in Providence because currently there are well over 2000 people and families on the waiting list for subsidized housing. This lack of availability coupled with the tightening of federal funds does not auger well for affordable housing.

2.5 Housing Affordability in Providence

In New England, the housing market "boom" that swept over this part of the country in the mid-1980's dramatically impacted housing affordability. During this time Providence participated fully, drawing investors attracted by the relatively low real estate prices (as compared to Massachusetts and Connecticut) from all over New England.

Winsor Associates (1990) documented real estate trends affecting the affordability and availability of housing in the 1980's. The study showed that although the cost of single-family homes rose steadily in the early 80's, a high point was reached in 1986 when the median cost rose 31 percent statewide. In Providence, as indicated in TABLE 4, there was a phenomenal increase of over 88 percent in the median cost of a single family house on the East Side (which includes the neighborhoods of Blackstone, College Hill, Wayland, Hope, Mount Hope and Fox Point) (see Figure 2) from 1985 to 1986; as well as the less sensational but nevertheless major increases for the rest of the Providence neighborhoods from 1985 to 1987.

TABLE 4
 PERCENT CHANGE IN MEDIAN SELLING PRICE OF
 SINGLE FAMILY HOMES

	STATE	EAST SIDE	REMAINDER OF CITY
1982-1983	9.18%	-6.27%	4.29%
1983-1984	11.96%	3.36%	2.05%
1984-1985	12.19%	14.81%	5.44%
1985-1986	30.95%	98.17%	34.88%
1986-1987	36.36%	-4.00%	43.10%
1987-1988	5.83%	16.07%	8.43%
1988-1989	2.28%	-4.87%	5.56%

SOURCE: Statewide MLS annual sales summary

Overall, the increase in the median cost of a single family home for the remainder of the city, which was 171 percent, was greater than the increase in the median cost of a single family home on the East Side where houses were originally higher priced. This suggests that the traditionally less expensive neighborhoods were more heavily impacted by the increase in real estate costs than were the affluent neighborhoods.

In the rental housing market, costs kept pace with the housing sales findings. In TABLE 5, rents for 1979 and 1989 are compared.

TABLE 5

PROVIDENCE RESIDENTIAL MARKET, 1979-1989

COMPARISON OF RENTS, HOUSEHOLD INCOMES AND AFFORDABILITY

# NEIGHBORHOOD	MEDIAN RENT 1979	MEDIAN RENT 1989	PERCENT CHANGE (RENTS) 1979-89	U.S. CENSUS MEDIAN HOUSEHOLD INCOME 1979	WINSOR MEDIAN HOUSEHOLD INCOME 1989	CACI MED HOUSEHOLD INCOME 1989	WINSOR AFFORD- ABILITY INDEX 1979	WINSOR AFFORD- ABILITY INDEX 1989	CACI AFFORD- ABILITY INDEX 1989
1 BLACKSTONE	\$254.00	\$725.00	185.4%	\$26,847.00	\$59,009.71	\$46,153.00	11.4%	14.7%	18.9%
2 CHARLES	\$123.00	\$425.00	245.5%	\$12,170.00	\$26,749.66	\$21,046.00	12.1%	19.1%	24.2%
3 COLLEGE HILL	\$241.00	\$650.00	169.7%	\$12,453.00	\$27,371.69	\$20,633.00	23.2%	28.5%	37.8%
4 DOWNTOWN	\$197.00	\$519.00	163.5%	\$7,954.00	\$17,482.89	\$13,184.00	29.7%	35.6%	47.2%
5 ELMHURST	\$169.00	\$450.00	166.3%	\$18,029.00	\$39,627.74	\$30,452.00	11.2%	13.6%	17.7%
6 ELMWOOD	\$150.00	\$385.00	156.7%	\$8,672.00	\$19,061.06	\$16,108.00	20.8%	24.2%	28.7%
7 FEDERAL HILL	\$99.00	\$409.00	313.1%	\$7,265.00	\$15,968.47	\$12,444.00	16.4%	30.7%	39.4%
8 FOX POINT	\$152.00	\$550.00	261.8%	\$12,867.00	\$28,281.67	\$22,935.00	14.2%	23.3%	28.8%
9 HARTFORD	\$105.00	\$500.00	376.2%	\$9,284.00	\$20,406.23	\$16,019.00	13.6%	29.4%	37.5%
10 HOPE	\$191.00	\$465.00	143.5%	\$16,484.00	\$36,231.83	\$29,926.00	13.9%	15.4%	18.6%
11 LOWER S PROV	\$114.00	\$400.00	250.9%	\$7,450.00	\$16,375.10	\$13,370.00	18.4%	29.3%	35.9%
12 MANTON	\$164.00	\$325.00	98.2%	\$15,714.00	\$34,539.37	\$22,752.00	12.5%	11.3%	17.1%
13 MOUNT HOPE	\$161.00	\$500.00	210.6%	\$9,967.00	\$21,907.47	\$20,060.00	19.4%	27.4%	29.9%
14 MT PLEASANT	\$151.00	\$460.00	204.6%	\$14,572.00	\$32,029.26	\$24,942.00	12.4%	17.2%	22.1%
15 OLNEYVILLE	\$103.00	\$400.00	288.3%	\$9,132.00	\$20,072.14	\$14,998.00	13.5%	23.9%	32.0%
16 RESERVOIR	\$160.00	\$475.00	196.9%	\$14,438.00	\$31,734.72	\$24,085.00	13.3%	18.0%	23.7%
17 SILVER LAKE	\$138.00	\$450.00	226.1%	\$11,808.00	\$25,953.98	\$20,501.00	14.0%	20.8%	26.3%
18 SMITH HILL	\$115.00	\$375.00	226.1%	\$8,383.00	\$18,425.83	\$14,249.00	16.5%	24.4%	31.6%
19 S ELMWOOD	\$171.00	\$412.00	140.9%	\$14,958.00	\$32,877.68	\$16,948.00	13.7%	15.0%	29.2%
20 UPPER S PROV	\$121.00	\$450.00	271.9%	\$5,821.00	\$12,794.56	\$10,459.00	24.9%	42.2%	51.6%
21 VALLEY	\$136.00	\$410.00	201.5%	\$11,077.00	\$24,347.25	\$18,540.00	14.7%	20.2%	26.5%
22 WANSKUCK	\$143.00	\$500.00	249.7%	\$11,632.00	\$25,567.14	\$19,602.00	14.8%	23.5%	30.6%
23 WASHINGTON PK	\$144.00	\$450.00	212.5%	\$12,822.00	\$28,182.76	\$21,959.00	13.5%	19.2%	24.6%
24 WAYLAND	\$257.00	\$554.00	115.6%	\$16,556.00	\$36,390.09	\$27,249.00	18.6%	18.3%	24.4%
25 WEST END	\$125.00	\$425.00	240.0%	\$8,215.00	\$18,056.57	\$13,523.00	18.3%	28.2%	37.7%
CITYWIDE	\$139.00	\$450.00	223.7%	\$11,437.00	\$25,138.53	\$20,402.00	14.6%	21.5%	26.5%

SOURCES: U.S. Bureau of the Census, 1980; U.S. Bureau of Economic Analysis, 1989; R.I. Department of Employment Security, 1989; Providence Journal Classifieds (S.714), June-August, 1989; CACI, Inc., Fairfax, VA, Demographic and Income Forecast Report

NOTES: Winsor Associates 1989 income data for the neighborhoods is extrapolated from U.S. Bureau of Economic Analysis estimates for the State of Rhode Island. A linear relationship between U.S.B.E.A. per capita income data and median household income data is assumed. A standard inflation multiplier of 119.8% is used to inflate 1979 income data for 1989. dollars (based on an assumption that income variations among the 25 neighborhoods have not changed between 1979 and 1989). The CACI 1989 Affordability Index is a Winsor Associates estimate based upon the CACI 1989 census tract median household income aggregated to the standard CDBG neighborhoods. The neighborhood numbers are derived from the Bureau of the Census neighborhood numbering system. These numbers will be used throughout the report to refer to the corresponding neighborhood where space will otherwise not permit.

While rents more than doubled in all neighborhoods except Manton, the largest increases were in the poorer neighborhoods such as Hartford (376.2 percent), and Upper South Providence (271.9 percent). Moreover, in neighborhoods with the lowest incomes, the percentage of income paid for rents was the highest.

2.6 Federal Legislation

There are three pieces of federal legislation which focus on the needs of disabled. These are the Rehabilitation Act of 1973, as amended, the Architectural Barriers Act passed in 1968, and the Fair Housing Amendments Act of 1988. Each covers a specific facet in a growing body of civil rights law. The first addresses accessibility to programs; the second, physical barriers; and the third, landlord and tenant responsibilities.

- Rehabilitation Act of 1973

The most vital federal law affecting housing and people with disabilities is section 504 under Title V of the Rehabilitation Act of 1973. This landmark civil rights legislation for people with disabilities states that no qualified handicapped person may be excluded for any program or activity supported by federal funds, or as a result of amendments in 1978, from any program or activity of the federal government itself.

Section 504 applies the broad definition of "handicapped" as meaning any person who has a physical or

mental impairment which substantially limits one or more major life activities, who has a record of such an impairment, or who is regarded as having such an impairment.

The focus on "program or activity" moves the emphasis away from the built environment to the project. For example, if a federally funded substance abuse program is to be held on a school campus, only those buildings actually used in the program must be accessible so that no potential, qualified participant is turned away due to non-accessibility. (It is important to note that these regulations cover all federally funded programs whether they be defense contracts or farm subsidies; not just HUD programs.)

"Program accessibility," which is the fundamental regulatory concept of Section 504, means that the full range of program possibilities must be accessible. In terms of the Providence Housing Authority and the mandate for accessible housing, this can be translated to mean that the full range of developments and the full range of the variously sized housing units must be accessible. This does not mean that every unit be accessible, but rather that a portion of each development and a portion of each housing unit size must be accessible.

The United States Department of Housing and Urban Development (HUD) has stipulated what that portion is to be: 5 percent of the total number of housing units will be wheelchair accessible, and 2 percent of the total will be

hearing or sight impaired accessible. HUD has also adopted the Uniform Federal Accessibility Standard (UFAS) as a guideline for new construction as well as rehabilitation.

- The Architectural Barriers Act

The second key federal statute is the Architectural Barriers Act (ABA) passed in 1968, requiring that federal and federally funded buildings and facilities be readily accessible to handicapped people. Standards were prepared by four different federal agencies: HUD, the Department of Defense, the General Services Administration, and the United States Postal Service. In 1984 the four agencies, in search of uniformity, issued a single set of standards under the ABA, the Uniform Federal Accessibility Standards (UFAS).

The UFAS is based on the Minimum Guidelines and Requirements for Accessible Design developed by the United States Architectural Barriers Compliance Board, an agency established by section 502 of the Rehabilitation Act to ensure compliance with the standards issued under the ABA. UFAS is intended to bring consistency and uniformity to federal and federally funded design and construction.

These regulations are enforced for new construction, but with older buildings, accessibility standards are applicable only when rehabilitation or renovation is carried out.

- The Fair Housing Amendments Act

The most recent piece of federal legislation focuses not on buildings or programs, but rather works to build a

framework within which landlord and tenant must operate in order to deal fairly with problems of access for the handicapped. The Fair Housing Amendments Act of 1988 prohibits housing discrimination based on color, religion, gender, national origin, or physical or mental handicap.

The Act makes it unlawful:

- o To discriminate in the sale or rental of housing to any buyer or renter because of handicap;
- o To refuse to permit a tenant to modify the premises, at his or her own expense, if such changes are necessary to allow a person "full enjoyment" of the premises. The landlord may then expect, within reason, for the disabled tenant to return the premises to its previous state when the tenant moves;
- o To refuse to make reasonable accommodations in rules, policies, practices or services when to do so would allow the tenant equal opportunity to enjoy the dwelling unit, common space and public areas;
- o To fail to design multifamily units, for first occupancy after March 13, 1991, that are accessible or adaptable for handicapped people.

HUD's guidelines which will be published in the near future will also include the following requirements. In all dwellings falling under HUD regulation there must be at least one building entrance on a route from the street into the building, as well as all public and common-use areas

being accessible to a wheelchair. In addition, all doors must accommodate a wheelchair; each unit must have an accessible route into and through it; electrical switches must be placed low on the walls; bathroom walls must be reinforced so they will support grab bars; and kitchens and bathrooms must be designed so that a wheelchair could maneuver within them. In elevator buildings all units must follow the above guidelines, in non-elevator buildings only those units on the first floor must be so accommodating. These requirements must be in place in all new construction to be ready for occupancy after March 13, 1991.

- Remedies and Sanctions

The remedies and sanctions for non-compliance with these federal statutes are considerable. HUD is able to withhold funding until corrective action takes place, and affected persons may file complaints with HUD which will initiate an investigation of compliance, as well as being able to collect damages and fees from the funded agency. It is therefore extremely important to the Providence Housing Authority, which currently is spending \$25 million on development and over \$42 million on modernization, to understand fully the obligations placed on the Authority and to carry out the mandate to provide for that portion of the disabled population falling within its scope of service.

Federal legislation displays a growing awareness within the Congress of the needs of disabled people, witnessed by the expanding body of guidelines and regulations produced by

HUD. From the limited accessibility required in the Architectural Barriers Act to the explicit and broad demands engendered by the Fair Housing Amendment Act and the Rehabilitation Act amendments, those people with disabilities are beginning to see changes that will genuinely offer them accessibility to our society.

2.7 Handicapped/Housing Legislation in Rhode Island

The two pieces of Rhode Island legislation affecting disabled persons were originally passed in 1956. The Rhode Island Fair Housing Practices Law 34-37.4. asserts that "visually handicapped persons and other physically disabled persons shall be entitled to full and equal access, as other members of the general public, to all housing accommodations offered for rent, lease or compensation in this state ..."

There is nothing in this legislation requiring any modification of real property to provide accessibility by either the government or by the property owners. Regarding enforcement of the law, a citizen may file a complaint with the Rhode Island Commission for Human Rights. If the Commission agrees with the complainant, the respondent is subject to a civil action by the complainant for damages sustained, payment of costs or punitive damages not to exceed \$500.

Discrimination against the Handicapped Law 42-87-1 reiterates the same statement on housing and the handicapped as the above. The major difference between the two laws is

that under the latter, a complainant can bring an action in Superior Court directly, but only after the Commission has failed to act within 60 days of receiving a complaint.

It is easily understood how the federal government, with the threat of withdrawal of funds, enjoinder or fines, can have a much greater effect on the production and maintenance of housing for disabled people than can state legislation with its limited enforcement. Even in legislation where the Rhode Island legislature has made funds available through Rhode Island Housing for the specific purpose of producing units for low income people, including the disabled, there are problems in producing the units, as noted previously.

With the tightening of budgets at all governmental levels, new ways must be found to produce housing for low and moderate income people, both able-bodied and disabled. The federal government, through the Reagan years systematically cut back on funding for affordable housing. Where originally the federal government was the lone support for the majority of housing efforts, the states and local municipalities have just begun to assume a broader role in response to the decrease in federal funding.

2.8 Housing Initiatives

- State Initiatives

Mary K. Nenno (1990), suggest several avenues available to state governments which will support housing production:

- o Housing Trust Funds - which are solely funded with state funds derived from a wide variety of sources such as real estate transfer taxes, state lottery receipts, appropriations from general funds, funds from previous state housing finance agency activity, etc.
- o Public-Private Partnerships - which involve funding from businesses, banks and the state and which have specific housing goals for the development and preservation of affordable housing.
- o State Fair Housing Requirements - which require a "fair share" distribution of low- and moderate-income housing responsibilities among the states municipalities, and state financial assistance in meeting the requirement.
- o Assistance for Special Needs Households - which offers incentives for the development of housing for the frail elderly, the physically and mentally disabled and the homeless.

- City Initiatives

Possibilities for city government to take a more pro-active role in the production of affordable housing include:

- o Increased CDBG Housing Percentage - which would allow city government to direct housing dollars in the most productive manner and encourage the development of non-profit housing organizations.

- o A Housing Development Department - which would train and assist non-profits in producing, managing and maintaining affordable housing.
- o City Housing Trust Fund - which would do locally what the state-wide housing trust fund does, only locally.
- o City Partnerships With Local Housing Authority - which would allow the city to participate in new housing initiatives such as public housing-supported frail elderly care developments or group homes for deinstitutionalized people within public housing facilities.

- Federal Initiatives

While there still remains the hope that the federal government will once again restore the previous levels of funding, this seems unlikely in view of the federal deficit and budget requirements. What role then will the government be capable of playing that will support progress in the housing arena? Tax breaks and other methods of incentive financing could encourage affordable housing production; more comprehensive income supports or subsidies for poor people would allow broader housing choices; job training and child care programs would offer the low income people work alternatives and higher incomes; and expanded health programs would give more people a better start in life.

There is a critical need for thoughtful and well planned integration of housing, economic, community

development and social services at all levels to best use limited funds.

CHAPTER THREE
ANALYSIS OF FINDINGS

3.1 Dept. of Housing and Urban Development Requirements

On June 2, 1988, HUD published the final rule in the Federal Register at FR 20216-20254, interpreting Section 504 of the Rehabilitation Act of 1973 for HUD funded agencies. Under Section 504, qualified handicapped persons may not be excluded from any program or activity receiving federal financial assistance, such as loans and grants or, as a result of amendments in 1978, from any program or activity of the federal government.

The 5 percent and 2 percent requirements are applied to a "program in its entirety", meaning that percentages can vary somewhat from development to development. This is interpreted to mean that for existing housing, authorities must take "reasonable steps" to reach the 5 and 2 percent goals, but if problems such as inaccessible sites exist, or if the cost of adapting the units is excessive, HUD will allow a degree of flexibility. This is not the case with new development or the overall number of units within the housing authority. In these instances, HUD requires proof of undue financial hardship in order for a housing authority to produce fewer accessible units than required.

"Accessible" means that a dwelling unit or facility

must be designed so that it can be approached, entered and used by people with handicaps. The requirements for accessibility are defined in the Uniform Federal Accessibility Standards (UFAS) but may be superseded by more stringent state standards.

The schedule for completion of structural changes necessary to meet Section 504 requirements is two years or by 11 July 1992. On a case-by-case basis the deadline may be extended by the Assistant Secretary for Fair Housing and Equal Opportunity for an additional two years, to July 1994. The Secretary or Under Secretary may allow an additional one-year extension to July, 1995.

Throughout this report, numbers and figures used as PHA handicapped units include units currently in use and those funded although not yet constructed. This includes units at Chad Brown, Admiral Terrace, Manton Heights, Hartford Park, Scattered Site, Sunset Village and Dexter II (See FIGURE 2).

3.2 PHA Inventory of Wheelchair and Hearing/Sight Impaired Accessible Units

- Provision of Handicapped Units Under Section 504

There are 2,630 housing units in the Providence Housing Authority inventory. (PHA,1989) During the Federal Fiscal Year 1991, the count has been temporarily reduced to 2,390 units due to the modernization of Hartford Park. As a

result of the demolition of three high-rise buildings, the number of units in Hartford Park has decreased by 240, from 748 to 508. These 240 high-rise units are being replaced by 240 scattered site units of new development, the last of which is projected to be completed by June 1991. When these are completed, the number of PHA units will again be 2,630.

Using 2,630 as the total number of PHA units, the federal requirement of 5 percent wheelchair accessible units and 2 percent hearing/sight impaired accessible units are listed below in TABLE 6 along with the number and percentages of the current and funded handicapped units.

TABLE 6
FEDERAL REQUIREMENTS AND CURRENT/FUNDED UNITS

Unit Type	HUD # Required	HUD % Required	Current/ Funded #	Current/ Funded %
Wheelchair Accessible	132	5%	53	2%
Hear/Sight Accessible	53	2%	0	0%
TOTALS	185	7%	53	2%

Source: PHA Modernization and Development Department, 1990

- Current and Funded PHA Handicapped Units

In TABLE 6, a total of fifty-three wheelchair accessible units and no hearing/sight impaired accessible units are currently available or funded. Of these totals, there are seventeen wheelchair accessible units in use at this time in the PHA: 11 one-bedroom, 4 two-bedroom and 2 three-bedroom. Sixteen wheelchair accessible units will be part of the complete modernization of Manton Heights, which

should be on-line by mid-1993. These sixteen units consist of 3 one-bedroom, 8 two-bedroom and 5 three-bedroom units. At Hartford Park thirty-two new units will be constructed with eight units being wheelchair accessible: 4 two-bedroom units and 4 three-bedroom units.

In the scattered site program there are two apartments and 6 single-family houses that are handicapped accessible with four bedrooms each, and four single-family, handicapped accessible houses with five bedrooms which are slated to be completed by June 1991. This brings the total of wheelchair accessible units, current and funded, to fifty-three or 2 percent of the total PHA housing inventory.

TABLE 7 lists the current and funded units by elderly and family categories for each PHA development.

TABLE 7
CURRENT AND FUNDED WHEELCHAIR ACCESSIBLE UNITS
BY PHA DEVELOPMENT

	Family & Elderly Dev.	0-BR	1-BR	2-BR	3-BR	4-BR	5-BR
Family	Chad Brown	-	-	2	1	-	-
	Admiral Ter.	-	-	1	1	-	-
	Manton Hts.	-	3	8	5	-	-
	Hartford Pk.	-	-	4	4	-	-
	Codding Ct.	-	-	-	-	-	-
	Roger Wms.	-	-	-	-	-	-
	Scattered Site	-	-	-	-	2 apt 6 hou	4 hou
	Sub-total	0	3	15	11	3	4
Elderly	Sunset Vlg.	-	2	-	-	-	-
	Dexter I	-	-	-	-	-	-
	Dexter II	-	9	1	-	-	-
	Carroll Twr.	-	-	-	-	-	-
	Kilmartin	-	-	-	-	-	-
	Parenti	-	-	-	-	-	-
	Dominica	-	-	-	-	-	-
	Sub-total	0	11	1	0	0	0
TOTAL	0	14	16	11	8	4	

Source: PHA Housing Management Department, July, 1990

Out of the fifty-three total wheelchair accessible units, the one-bedroom units (11) are most prevalent in the elderly developments, and the two- and three-bedroom units (15 and 11, respectively) are most prevalent in the family developments.

In the elderly developments, only Dexter II, which was built in 1984, and Sunset Village which just completed modernization, have any wheelchair accessible units. (see FIGURE 1) The remainder of the elderly developments are in need of these units, but this will necessitate modernization funding and extensive reconfiguration of the buildings because the majority of the existing units are efficiencies.

Of the fifty-three total PHA wheelchair accessible units, 22.6 percent are in the elderly developments. Of the total PHA inventory, the elderly units comprise 38.8 percent. To maintain the same ratio of elderly units to family units for wheelchair accessible units as well as non-handicapped units, nine additional elderly, wheelchair accessible units would need to be created.

This only addresses the current distribution of units and does not consider whether there is a higher percentage of handicapped people within the elderly population than there is within the family population. Nor does it answer the question of demand for this type of unit.

- Hearing and Sight Impaired Accessible Units

At this time there are no fully equipped hearing or sight impaired, accessible units in the PHA inventory. To meet the HUD 2 percent requirement, the PHA must be prepared to install, as needed, appropriate appliances or accessories to make units accessible for either hearing or sight impairments. Tenants and applicants must also be provided with information on the available accommodations.

Several deaf PHA residents have either put in blinking-light doorbells themselves or requested the Maintenance Department of the PHA to install the fixtures, but there has been no organized effort to fully accessorize the units of hearing or sight impaired residents.

As a result of the new HUD guidelines, as current PHA sight or hearing impaired residents are identified, their units will be retrofitted with the necessary adaptations by the PHA Maintenance Department. Each development must have these aids available to residents, in the number of units required by the HUD 2 percent guideline.

3.3 PHA Disabled Population

- Current PHA Disabled Resident Population

The population of the Providence Housing Authority as of February 1990 was 3,936 people; 2,836 in the family developments and 1,100 in the elderly developments. (PHA, 1989) The family residents comprise 72% of the PHA population and the elderly comprise 28%.

To determine what portion of the above PHA resident population was handicapped, Supplemental Security Income (SSI) figures for PHA residents were studied. SSI is a federal stipend paid monthly to people who have been evaluated and found to be either physically or mentally disabled.

Using SSI information supplied by residents on applications and recertification, social workers and housing management staff separated the handicapped residents into either the mentally handicapped or the physically handicapped category.

Using this procedure, of the 3,936 PHA residents, 8.1 percent or 319 people were identified as receiving SSI for physical disabilities and 3.8 percent or 150 people were receiving SSI benefits for mental disabilities.

TABLE 8 shows the distribution of mental and physical disability among PHA residents.

TABLE 8

SSI RECIPIENTS BY PHA DEVELOPMENT

Development		TOTAL Number of Residents	SSI Recipients w/mental disability		SSI Recipients w/physical disability		SSI Recipients as Percent of TOTAL
			No.	%	No.	%	
Family	Chad Brown	646	2	.3	16	2.5	2.8%
	Admiral T.	515	3	.6	17	3.3	3.9%
	Manton H.	737	0	0	17	2.3	2.3%
	Hartford P.	499	9	1.8	34	6.8	8.6%
	Codding C.	254	1	.4	12	4.7	5.1%
	Turnkey	70	4	5.7	2	2.9	3.6%
	Roger Wms.	115	1	.9	2	1.7	2.6%
	Scat. Site	0	0	0	0	0	0
Sub-total		2,836	20	.7	100	3.5	4.2%
Elderly	Sunset V.	28	0	0	16	57.1	57.1%
	Dexter I.	215	25	11.6	22	10.2	21.8%
	Dexter II.	111	15	13.5	17	15.3	28.8%
	Carroll T.	215	31	14.4	35	16.3	30.7%
	Kilmartin	106	18	17.0	49	46.2	63.2%
	Parenti	208	17	8.2	60	28.9	37.1%
	Dominica	217	24	11.0	20	9.2	20.2%
	Sub-total		1,100	130	11.7	219	19.9
TOTAL		2,936	150	3.8	319	8.1	11.9%

Source: PHA Planning and Special Services Department, July 1990

The percentage (8.1) of physically disabled residents is not the percentage of physically disabled residents requiring wheelchair accessible units. The residents requiring wheelchair accessible units would be included in the 8.1 percent, but only as a sub-set of that group. The 319 SSI identified people would include the severely physically impaired people, but the scope of physical handicaps within the SSI grouping would be much broader, including people using canes and crutches, as well as wheelchair-bound people. Nevertheless, many of this larger group who are not severely disabled will at some time in the

future come to depend on the extra help offered by the handicapped units. This includes the elderly and the chronically ill whose level of care will probably increase with age.

Although this study does not deal with mentally disabled residents of PHA developments, these people do impact the general resident population. As shown in TABLE 8, 11.7 percent of the entire elderly population is mentally disabled.

In Carroll Tower the percentage of mentally disabled people is almost 14.5, bringing with it many problems of management and care. The perception that the mentally disabled bring chaos and fear into the elderly developments is very real to many of the elderly residents. The mentally disabled are not directly supervised by any state agency and a substantial number of the mentally disabled in the high-rise buildings forget to take their medication or are substance abusers. The PHA does not currently have adequate funding or staff to extend the degree of care necessitated by these conditions to its residents.

The results of this lack of supervision are being addressed by the Planning and Special Services Department of the PHA with the help of The Providence Center. The Providence Center has been designated by the state as the mental health center for the Providence Catchment Area, and many of the mentally disabled residents of the PHA are clients of The Providence Center.

The family developments have very low percentages of both types of disabilities. This is partially due to a lack of availability of handicapped units in the family developments, but it also results from the fact that many disabled people are afraid to live in the family developments. During interviews with service providers, several suggested that they had clients in need of subsidized, handicapped apartments, but that the clients refused to apply for residency in the family developments because they view them as dangerous. They would, on the other hand, be pleased to live in one of the scattered site units currently under construction.

The PHA is in an excellent position to change the negative perception of the family developments. Money is being spent through modernization to update the family units and make the development sites more attractive and safe. Now is the opportune time to reach out into the community, disabled and non-disabled, to encourage and reassure people that the PHA is making every effort to offers residents of Providence safe, decent and affordable housing.

- Physically Disabled PHA Residents

During research for this topic, senior staff members were asked to provide information regarding the type and extent of the disabilities of the residents listed as receiving SSI (a sub-set of the SSI physically disabled, TABLE 8). Those residents were recorded as having serious mobility, sight or hearing problems.

This resulted in a total of sixty-three disabled tenants or 1.6 percent of the total PHA resident population: sixteen (25 percent) living in family developments and 47 (75 percent) living in elderly developments. The sixty-three total is 20 percent of the SSI recipients accounted for as physically handicapped. The major handicaps of these residents are:

Mobility . . .	41
Blindness . . .	13
Deafness . . .	7
Mute . . .	<u>2</u>
Total . . .	63

These residents were invited by the PHA during the spring of 1990 to participate in focus groups aimed at learning about the problems of physically disabled people. Both the dwelling units as they are currently designed, and the common areas of the developments were discussed.

- Physically Disabled Applicants

The number of PHA disabled applicants as of 15 June 1990 was twenty-one or 1.5 percent of the total 1,400 applicant pool. This is very close to the percentage of disabled residents to total residents (1.6 percent). Ten of the applications were for family development units and eleven were for elderly units. The handicaps of the

applicants are:

Mobility	. . .	15
Blindness	. . .	1
Deafness	. . .	<u>5</u>
Total	. . .	21

Disabled applicants follow the same verification process as the non-disabled. These families may, however, qualify for a higher priority due to the "Federal Preference Guidelines" if they can document that their present housing "endangers the health, safety and well-being of the family." For example, a person in a wheelchair who lives on the second floor and must be carried upstairs would qualify for this priority. A letter from a doctor or social worker would be sufficient documentation.

There is also a "Handicap Verification" form (APPENDIX B) which a doctor can complete to verify a handicap for a person not receiving SSI. For example, this form would entitle a hearing impaired person who works (if he or she is a head of household or spouse) to a deduction from his or her rent because of the disability.

The Tenant Selection Office of the PHA does outreach to various social service agencies which aid the disabled. The PHA will be sending flyers or providing speakers for groups in order to encourage people to apply for public housing.

3.4 Units Needed to House Disabled Residents and Applicants

At this time, no able-bodied people are living in any of the PHA handicapped units, but many disabled residents are living in non-handicapped units. To begin to determine the need for handicapped units within the PHA, TABLE 9 shows the discrepancy between the number of handicapped units needed to house both the current PHA handicapped population (as specified by the management) and applicants on the waiting list, and the number available. The demand for 0 - 5 bedroom units by both groups (residents and applicants) is compared with the number of current and funded PHA handicapped units. In this way the unfulfilled need for handicapped units, in the near future, can be indicated.

TABLE 9
DISCREPANCY IN HANDICAPPED UNITS NEEDED AND PROVIDED

Units/Disabled	0-BR	1-BR	2-BR	3-BR	4-BR	5-BR
Crnt./Fund'd Units	0	14	16	11	8	4
Handc'd Tenants	24	20	11	4	3	1
Handc'd Applicant	3	2	6	4	3	1
Discrepancy	-29	-8	-1	+3	-2	-2

Source: PHA Department of Housing Management, July 1990

TABLE 9 indicates that the largest discrepancy in supply and demand exists in the smaller sized units. Adding together the efficiency (0-BR) and one-bedroom numbers, the shortfall is currently thirty-seven units. These are taken together because efficiency apartments are not large enough to accommodate a disabled person, as mentioned previously in this report. This problem is almost exclusively a problem

with the elderly in the high-rise buildings where most of the units are efficiencies and many of the households are for one person.

There is little demand for efficiencies or one-bedroom handicapped units in the family developments where space needs (usually for children) dictate larger units. Furthermore, development managers concur that, for safety reasons, single disabled people should generally be housed in the elderly developments.

The number of three-, four- and, five- bedroom units in TABLE 9 show a surplus, albeit a very small one. These figures do not address those handicapped families who, through income eligibility, outreach by the PHA and improvements in security and appearance, might look to the PHA for housing in the future.

3.5 Social Services Provided by the PHA

The PHA Planning and Special Services Department was created in 1989 in response to the growing need to include social services as an essential element in the provision of safe and decent housing for PHA residents. Prior to that time, the only services available to the residents were from outside providers. Since 1989, the services provided by the PHA have increased as available funds have been found to support programs.

At this time the Director of Planning and Special Services of the PHA describes the provision of social

services as "expanding." The Department hopes to continue increasing the current scope of services which includes social workers, drug prevention coordinators, youth programs, education programs, preparation for community living and senior transportation.

Some of these programs are provided in the PHA developments but are supported by outside agencies. See TABLE 10 for an inventory of social services provided for PHA residents.

TABLE 10
INVENTORY OF SOCIAL SERVICES AVAILABLE TO PHA RESIDENTS

Development	1	2	3	4	5	6	7	8
Chad Brown	yes	yes	yes	yes	yes	no	yes	yes
Admiral Terrace	yes	yes	yes	yes	yes	no	yes	yes
Manton Heights	yes	yes	yes	yes	yes	no	yes	N/A
Hartford Park/Ext.	yes	yes	yes	yes	yes	no	yes	N/A
Codding Court	no	no	yes	no	yes	no	no	N/A
Roger Williams	no	no	no	no	yes	no	no	N/A
Scattered Site	no	no	no	no	yes	no	no	N/A
Sunset Village	yes	yes	yes	yes	yes	no	yes	yes
Dexter I	yes	yes	N/A	yes	yes	yes	yes	yes
Dexter II	yes	yes	N/A	yes	yes	yes	yes	yes
Carroll Tower	yes	no	N/A	no	yes	yes	yes	yes
Kilmartin Plaza	yes	yes	N/A	yes	yes	yes	yes	yes
Parenti Villa	yes	yes	N/A	yes	yes	yes	no	yes
Dominica Manor	yes	yes	N/A	yes	yes	yes	no	yes

LEGEND

- | | |
|--------------------------|-------------------------------|
| 1. Social Worker | 5. Prep. for Community Living |
| 2. Drug Prevention Prog. | 6. Visiting Nurse |
| 3. Youth Program | 7. Meal Site |
| 4. Education Program | 8. Senior Transportation |

Source: PHA Planning and Special Services Department

- Services for Disabled PHA Residents

Although there are no programs specifically focused on the handicapped population of the PHA, disabled PHA residents do participate in the services available to all residents. Programs such as counseling, transportation for seniors, meals provided on site and visiting nurses are particularly relevant to disabled people. The Planning and Special Services Department is looking for funds to support disabled people and their specific needs.

3.6 Citywide Inventory of Wheelchair Accessible Units

- Methodology

Using the "Listing of HUD Multifamily Housing" compiled by HUD, Providence Office, the PHA conducted a telephone survey of all the HUD insured/subsidized Providence housing developments to identify the number of subsidized wheelchair accessible units available. Each development manager was asked how many wheelchair accessible units there were and the number of bedrooms in each. The name of each development and number and size of the handicapped units available are provided in APPENDIX C.

David Spader, a volunteer from PARI Independent Living Services (a support agency for physically handicapped people), generated the appendix. Mr. Spader is planning to use this data as a first step in setting up a statewide housing referral service for disabled people.

- Results of the Survey

Out of the seventy developments in Providence which were surveyed (PHA included), there were 7,633 subsidized housing units, 366 or 4.8 percent of which were wheelchair accessible. Thirty-six of the handicapped units were efficiencies (10 percent), 248 were one-bedroom units (68 percent), 58 were two-bedroom units (16 percent), 12 were three-bedrooms (3 percent), 8 were four-bedroom units (2 percent), and 4 were five-bedroom units (1 percent).

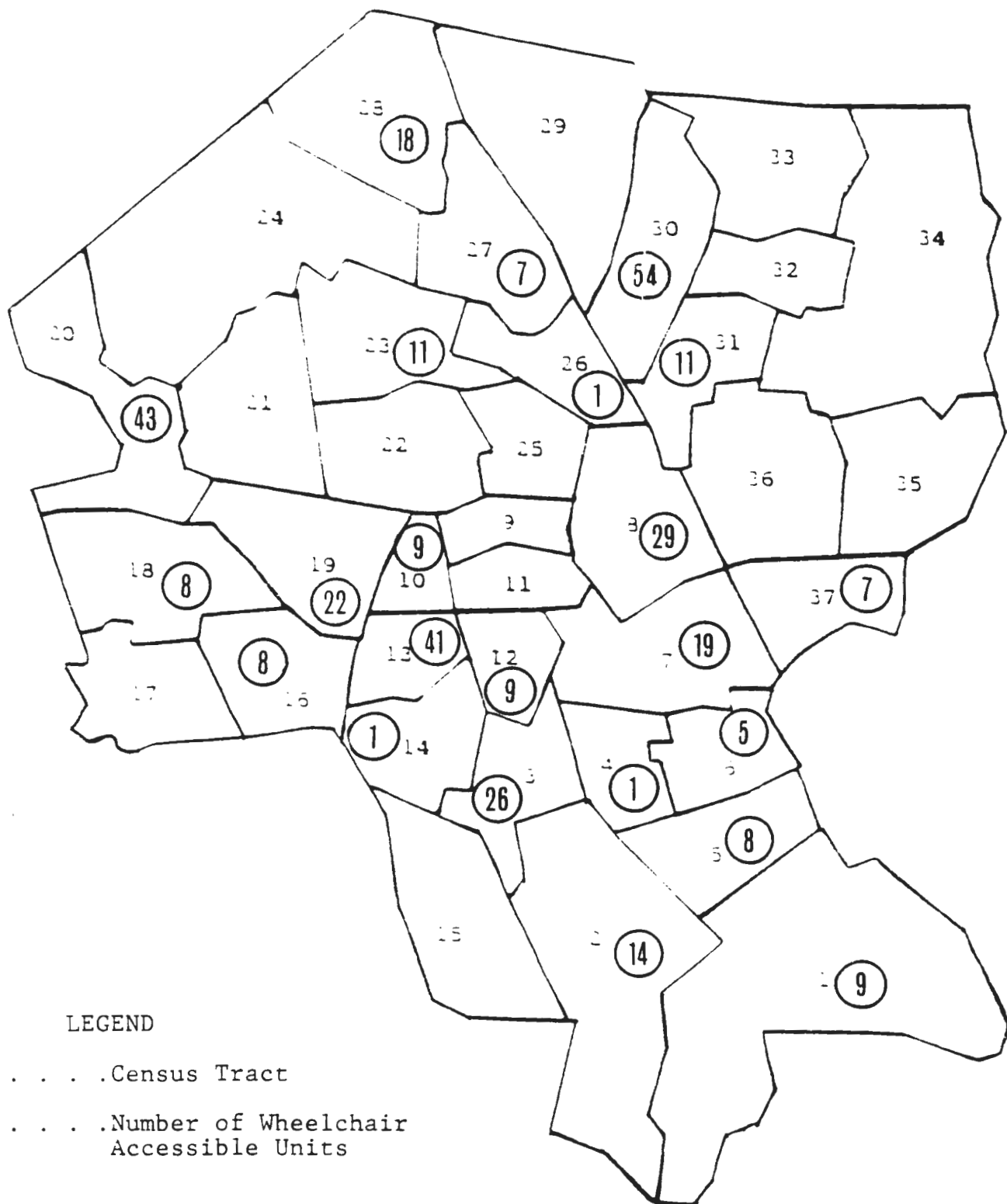
All of the three-bedroom units except one, as well as all the four- and five-bedroom units, are part of the PHA inventory. There appears to be a decided lack of larger units elsewhere in the city, leaving the support of larger families with disabled persons the responsibility of the PHA.

During the telephone survey it was discovered that although there were at least 366 wheelchair accessible units available throughout the city, many of them were rented by non-handicapped persons. Several of the managers stated that they had difficulty in finding handicapped tenants and many handicapped people did not know where suitable apartments were available.

The spatial distribution of wheelchair accessible units (PHA included) is shown by census tract (FIGURE 4) and by neighborhood (FIGURE 5). Census Tract 30 had the highest number of units (54) and Tracts 32, 33, 34, 35 and 36 were conspicuous by the absence of any subsidized units. (FIGURE

FIGURE 4

HUD SUBSIDIZED WHEELCHAIR ACCESSIBLE UNITS IN PROVIDENCE
BY CENSUS TRACT



LEGEND

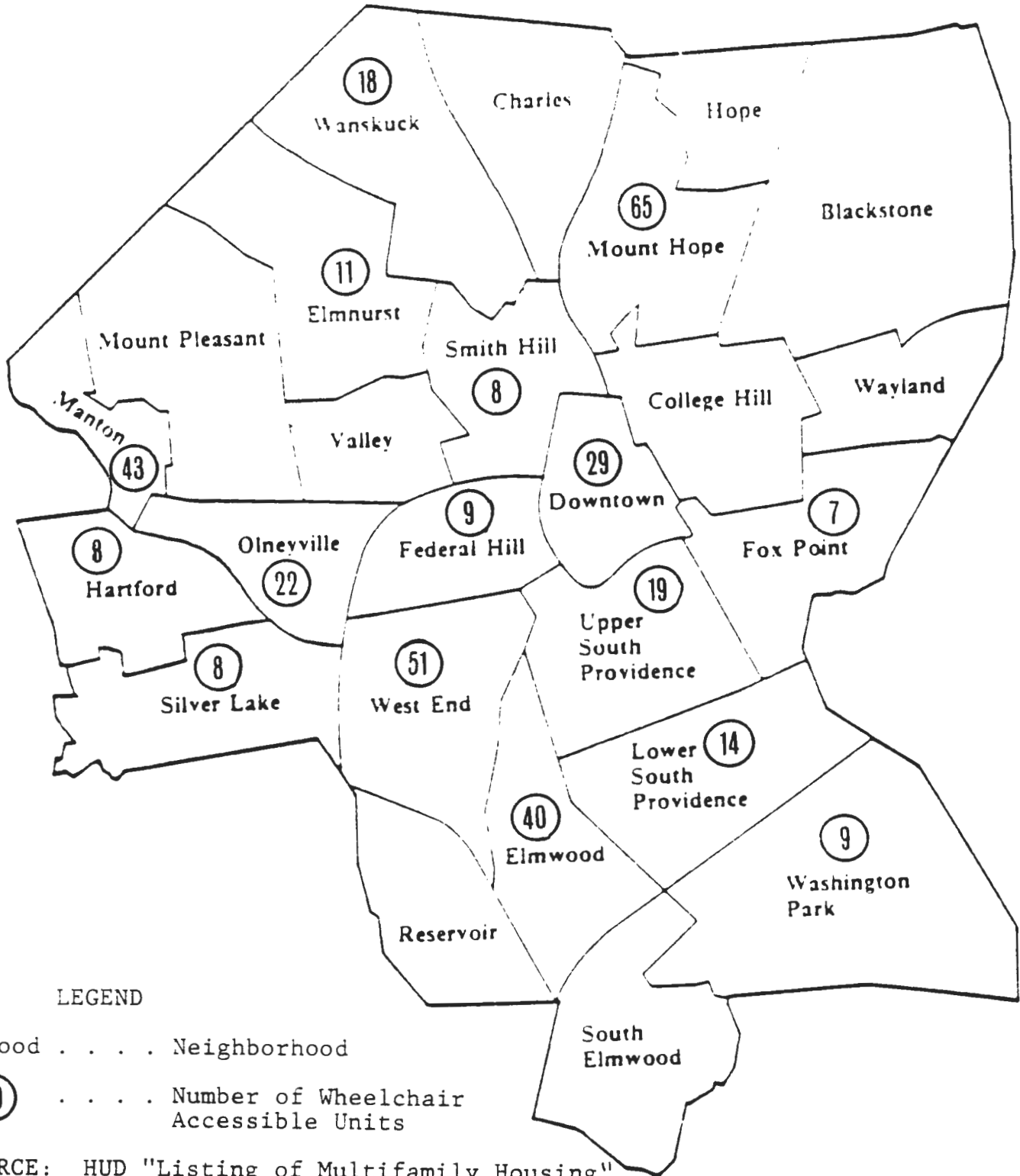
2Census Tract

14Number of Wheelchair Accessible Units

SOURCE: HUD "Listing of Multifamily Housing"

FIGURE 5

HUD SUBSIDIZED WHEELCHAIR ACCESSIBLE UNITS IN PROVIDENCE
BY NEIGHBORHOOD



LEGEND

- Elmwood Neighborhood
- (40) Number of Wheelchair Accessible Units

SOURCE: HUD "Listing of Multifamily Housing"

4) The majority of the units were in a path north to south, from Mount Hope (65) through Downtown (29) to the West End (51), Elmwood (40) and Upper South Providence (19). (FIGURE 5)

5) There were also sixty-five units in Manton and Olneyville. This pattern coincides with the areas that house the less affluent population groups in the city.

- Future Development

The HUD Providence Office reported that there is unlikely to be an increase of wheelchair accessible units in Providence in the near future, financed by HUD programs. Michael Dziok, Director of HUD's Development Division, stated that as of 29 June 1990 there were no approved projects, with wheelchair accessible units, in the pipeline.

3.7 Citywide Estimate of Disabled Population

- Current Information

Current figures relating to the number of physically handicapped people in Providence are not available. Neither the city nor the state tracks this population, and most agencies that service disabled people have limited information on their clients. The service agencies, because they focus on a small segment of the population, keep all their information on a statewide basis. Moreover, restricted funding makes statistics, the systems necessary to keep them current, and the staff to carry out research, close to impossible. Only Meeting Street School, which serves developmentally disabled children, and the Child

Development Center were able to produce the numbers of clients living in Providence and those receiving assistance.

- Methodology

The most current information on Rhode Island's disabled people was compiled in 1980 by the Governor's Committee on Employment of the Handicapped. These figures were used, along with the U S Census, 1980, and the D&B - Donnelley Demographics population projection to determine an estimate of the disabled population in Providence, the subset of which was below 80 percent of median income, and the additional subset which was physically disabled. (See APPENDIX D)

The number of physically disabled people is not to be equated with the group of disabled people who require wheelchair accessible units. That group is a small subset of the larger physically disabled population. This study was not able to determine an acceptable number for this group due to lack of published information.

TABLE 11 shows the total Providence disabled population, the number of that group which is below 80 percent of median income and the number of that group which is physically disabled, as opposed to mentally or for disabled for health reasons. The types of physical disabilities and the percent of the total handicapped population of Providence are listed after the table. Again, there is no way of knowing what percent of each physically

disability group, in each year, needs an accessible unit.

TABLE 11
PROVIDENCE HANDICAPPED POPULATION FOR 1980, 1989, 1994

cohort	1980 Actual	1989 Estimated	1994 Projected
Prov. Disabled Population	24,133	24,718	24,834
# At or Below 80% Median \$	16,476	16,740	16,795
# of Physically Disabled at or Below 80% Median \$	3,864	3,006	3,036

Source: PHA estimates based on analysis of 1980 U.S. Census,
R.I. Census of Disabled Persons, 1980 and D&B - Donnelley
Demographics, 1988

The listing of physical disabilities and the percentage each represents of the total Providence disabled population (used in TABLE 11) is as follows:

Hearing Impairment	4.5%
Vision Impairment	8.9%
Amputee	2.8%
Non-paralytic Orthopedic	13.1%
Stroke	3.9%
Spinal Cord Injury	1.9%
Arthritis	13.6%
Multiple Sclerosis	0.3%
Polio	0.9%
Muscular Dystrophy	1.4%
Cerebral Palsy	2.5%

Although the category of physically disabled is much larger than the group of physically disabled that need wheelchair accessible units, it is the most accurate set of figures available on the handicapped population. It also

points out that there is a group of people within the general population about which little is known, while the needs of this group are substantial. The PHA is working to offer those people who have limited incomes, safe and decent housing.

3.8 Resident and Community Input

This section addresses additional findings from the qualitative research of the focus groups, interviews with service providers, and recommendations arising from the physical analysis of the PHA housing stock in conjunction with the HUD requirements.

Many of the problems of accessibility within the PHA housing developments are best understood by the disabled residents themselves. In order to get the broadest possible response, the PHA Housing Management Department, in May and June of 1990, notified directly the sixty-three, seriously disabled residents that their input was requested. Twenty-eight disabled tenants attended one of the meetings.

Meetings were held in nine of the developments during the early summer to discuss what improvements the physically disabled residents would like to see initiated by the PHA. Four basic areas were covered: accessibility within the dwelling units, accessibility in the non-dwelling unit areas, social service provision and quality of life. Three staff members were present during the discussions, one from the Modernization and Development Department, one from the

Housing Management Department and one from the Maintenance Department.

During this period interviews were also held with area service providers such as the MS Society, R I Project Aids, Insight and PARI Independent Living Service; government agencies such as R I Department of Vocational Rehabilitation, Providence Department of Human Services and R I Department of Elderly Affairs; and Mayor's Commission on the Handicapped and the Governor's Commission on the Handicapped. The representatives of all these groups were asked what they knew of the physically disabled population in Providence and what suggestions they might make from their area of expertise regarding housing for the low and moderate income physically disabled people.

- Suggestions on Unit Size

At the meetings with PHA physically disabled residents, apartment size was one of the major issues. There was a general agreement that one-bedroom units were most appropriate for the elderly developments and the two- and three-bedroom units were most needed in the family developments.

The disabled residents from the highrise buildings, many of whom live in efficiency apartments, felt that efficiency units were too small to accommodate a disabled person. The consensus was that a one-bedroom unit was the most comfortable for one person, and a two-bedroom unit was best suited for two people, if one was handicapped. The

residents also stated that disabled people should live on the lower floors to make exiting the building easier in case of an emergency, and that blind people should have units close to the elevators.

At the meetings for the disabled in the family development meetings, the residents also felt that space was the most important commodity. As in the elderly buildings, it was stated that a family of two with one person handicapped needed the extra space afforded by two-bedrooms. A disabled person requires a room for himself or herself because of physical discomfort and/or for the machinery or equipment needed for health maintenance. If there are children in the family, then the need for bedrooms increases to three, four or five.

Diane Martin, Clinic Coordinator of the Child Development Center at Rhode Island Hospital recorded 112 cases of orthopedically handicapped children, living in Providence, who are also on medical assistance. She stated, "The majority of these families live in tenement houses which make it very difficult for these children to go in and out of their homes. Many are carried in their wheelchairs up and down stairs which is a very unsafe situation to say the least. The vast majority of these children have siblings which would necessitate a three-bedroom home."

- Suggestions for Social Services

Some of the ideas suggested by PHA residents for improving social services for the disabled living in PHA

developments are:

- o A system be arranged for residents to receive temporary medical assistance. For example, a resident is in need of eye drops four times a day until she has her cataract removed. Someone helps her twice a day, but she has to do it herself twice. She is very nervous and spills the drops. If she had someone to assist her over the next few weeks, it would help.
- o A buddy system be established which would pair able-bodied residents with handicapped residents for the purpose of assisting in case of an emergency.
- o People are very often inconsiderate of handicapped persons, particularly in the family developments. A session explaining about disabled people and how to treat them should be included as part of the Living Skills program (a series of classes attended by every new PHA tenant at which housekeeping and community responsibility are taught).
- o There is a serious lack of transportation for handicapped residents and additional vans are needed.
- o Programs aimed at supporting the integration of young disabled people into the general community are needed.
- o More advocacy for handicapped people is needed both within the PHA and in the wider community. For example, many of the city bus shelters are placed in the middle of the sidewalks, making wheelchair passage impossible. A staff member or group of disabled PHA

residents to listen and speak up for handicapped needs would help.

- Suggestions for the Visually Impaired

The representation of blind and deaf people at the meetings of PHA handicapped residents was small and not very vocal. These handicaps seem to have a much greater social impact on people, leaving them more isolated than mobility handicapped people. Special attention should be given to assisting blind and deaf people in dealing with both social and physical limitations.

Caldy Schire, a rehabilitation instructor from InSight, a multi-service agency for the vision impaired, suggested ways in which to aid blind people in coping with their environment:

- o Large dials on stoves, thermostats, etc.
- o Non-glare, bright lights throughout unit
- o Shallow storage spaces
- o Notices written in large print or on tape
- o Signature lines in heavy magic marker
- o Apartments near the elevators
- o Extra security at the entrance doors as blind people feel very vulnerable when groping with locks and keys
- o Mailboxes at the edges of the bank of mailboxes and marked with tactile tape

- Suggestions Most Often Requested

There were certain requests that were repeated at almost all the resident meetings. These items are listed below: of the meetings:

- o Grab bars by every toilet and tub
- o Roll-in showers
- o Handrails in hallways (both sides if possible)
- o Slower-closing elevator doors
- o Front doors that are easier to open
- o More well-placed curb cuts
- o More handicap parking with stricter enforcement
- o More and lower emergency cords within the units
- o Larger and lower peep holes
- o Accessible public rest rooms
- o Buddy-system for emergencies
- o More aids for blind and deaf persons

The residents were also in general agreement that disabled people should not live in efficiency units as there was not enough space for equipment; that handicapped people should live on the first two floors of highrise buildings; and that blind people should have units near elevators.

One item deserves special attention not only because it was brought up at all the PHA meetings, but because it was also mentioned by every service provider for the mobility impaired. Everyone agreed that a wheel-in shower offered wheelchair users the greatest amount of self-sufficiency.

However, wheel-in showers are very expensive to install and not so convenient for able-bodied adults and children. This is a design and financial problem that the PHA must address.

3.9 Physical Accessibility

- Accessibility to Non-Dwelling Areas

HUD requirements for Section 504 federal regulations for handicapped accessibility include both access within the dwelling unit and access to the unit. Handicap access to the unit involves providing an "accessible route" (a wheelchair must be able to move from public transportation, development roads or driveways and sidewalks up to the entrance), an accessible entrance to the building, and accessible common areas, public rest rooms and elevators.

The Providence Housing Authority Maintenance Department conducted a survey of all the developments to ascertain whether the approach, entrance, common areas, public rest rooms and elevators were accessible. TABLE 12 shows the findings by development.

TABLE 12
WHEELCHAIR ACCESSIBILITY TO NON-DWELLING UNIT AREAS
BY DEVELOPMENT

Development	Access- sible route	Entrance	Common Areas	Public Rest Rooms	Eleva- tors
Chad Brown	yes	yes	yes	yes	N/A
Admiral Terr.	yes	yes	yes	yes	N/A
Manton Hts.	yes	yes	yes	yes	N/A
Hartford Pk.	yes	yes	N/A	N/A	N/A
Codding Ct.	no	no	no	no	N/A
Roger Wms.	no	no	N/A	N/A	N/A
Scat'd Site	yes	yes	N/A	N/A	N/A
Sunset Vlg.	yes	yes	no	no	N/A
Dexter I	yes	yes	yes	no	yes
Dexter II	yes	yes	yes	no	yes
Carroll Twr.	yes	yes	yes	no	yes
Kilmartin	yes	yes	yes	no	yes
Parenti	yes	yes	yes	no	yes
Dominica	yes	yes	yes	no	yes

Source: The PHA Maintenance Department, June, 1990

Most of the buildings in the PHA inventory were originally constructed prior to the general understanding of the importance of extended accessibility for disabled people. Therefore, many of the elderly buildings have accessible entrances, but do not have wheelchair accessible public rest rooms or wheelchair accessible elements within the apartments.

In the family developments, Chad Brown and Admiral Terrace, which have recently completed modernization, all non-dwelling elements are accessible. Manton Heights and Hartford Park are undergoing modernization and will be accessible when completed. The percentage of scattered site units that are designated as handicapped accessible

will be so upon completion of construction. Neither Codding Court or Roger Williams Homes are accessible.

3.10 Summary

- PHA Demand for Handicapped Housing

In response to Section 504 of the Rehabilitation Act of 1973, HUD has placed quotas for handicapped units on all public housing authorities. The Providence Housing Authority must provide 132 wheelchair accessible units and 53 hearing or sight impaired units. The PHA has fifty-three wheelchair accessible units either currently or funded through modernization now underway. Seventy-nine more are needed to meet the quota.

The PHA has no fully equipped hearing or sight impaired units. The federal requirements are fifty-three of these units, but it also stipulates that they can be retrofitted on an as-needed basis up to the number or percentage required.

Using SSI information first 319 residents were identified as physically disabled. Then a sub-set of that group which was seriously disabled was isolated, bringing the total of residents needing handicapped equipped apartments to sixty-three. The applicant pool for the PHA was studied and twenty-one seriously disabled public housing applicants were identified.

Comparing the number of wheelchair accessible units needed by both residents and applicants (56), and the number

of wheelchair accessible units current and funded (53), the result is a surplus of three. HUD is requiring 132 wheelchair accessible units, leaving a surplus of 135. Under present conditions, the PHA will be able to absorb the current and near future physically disabled resident population.

- Impact of Citywide Supply and Demand

In spite of the lack of crisis shown in the PHA estimate of need for wheelchair accessible handicapped units, there still remains a largely undetermined physically disabled population within the City of Providence which includes a smaller sub-set of people requiring wheelchair accessible units. With many of the 366 wheelchair accessible units occupied by able-bodied people, and most disabled people living in non-accessible units, there is no definitive supply and demand relationship.

It has not been documented as to why more disabled people requiring wheelchair accessible units have not placed a greater demand on the PHA for housing, but two reasons were suggested by PHA residents and staff, and community service providers:

- o There is a lack of outreach into the handicapped community by all housing providers. At the same time there has been a lack of organized effort by the handicapped community to centralize housing information. This is partially due to the fact that handicapped apartments have not been well

marketed or in great supply, so that handicapped people have not had reason to establish a strong housing network. The HUD requirements may well be a stimulus to both the production and appropriate occupancy of these units.

- o There is a stigma attached to public housing for handicapped people who, for good reason, have a great concern for physical safety. Handicapped people will normally avoid an environment that has a reputation of drug problems and crime. This feeling extends beyond the handicapped population into the general community. The PHA is making every effort through its Planning and Social Services, Housing Management and Maintenance Departments to address these problems.

The expansion of housing opportunity to the disabled people in our community is essential, as it is part of the mission of the PHA to serve the low income residents of Providence. Because this population is relatively untapped, and undefined, the number of wheelchair accessible units should exceed the expressed need of current PHA tenants and applicants. This assumption is supported by the lack of handicapped housing to be constructed with HUD funding in the near future. An effort should be made to approach as closely as possible, the number of handicapped units required by HUD.

We need to learn more about the needs of the general population of disabled people and their housing of choice. Are they willing to move from their neighborhoods into public housing, particularly if the disabled person is not the head of household? Other governmental agencies such as Rhode Island Housing with its Special Needs program to modify homes for persons with disabilities should serve people who choose not to relocate.

The PHA needs to continue its investigation of the disabled population including market studies focused on the demand for additional subsidized housing. The scope on housing needs of the disabled population cannot be met by one agency. The PHA should not and cannot assume the obligation to house all these people, but it can lead the way by offering well-designed affordable housing to the physically disabled.

CHAPTER FOUR
RECOMMENDATIONS

4.1 Introduction

This chapter provides specific plans for conversion of units within each of the developments to wheelchair accessible units, as well as the construction of new handicapped units. Each development has been analyzed and the obstacles to accessibility studied. After weighing the obstacles, financial and/or structural, against the HUD requirements, a plan is presented.

4.2 The Plan

- Hearing and Sight Impaired Accessible Units

The hearing and sight impaired accessibility element of the Plan as it applies to existing housing will be implemented through the retrofitting of units as disabled residents are identified. Where new units are under construction, 2 percent will be fitted with all necessary equipment.

- Wheelchair Accessible Units

1. Chad Brown 198 Units

5% Wheelchair Requirement = 10 Units (3 Currently)

2% Hear/Sight Requirement = 4 Units (0 Currently)

A. Conditions: Chad Brown has recently completed modernization. There are only three, first floor units in the development and all of them are one-bedroom.

Because conversion to handicapped always results in losing one bedroom, these units would be unacceptable as efficiencies. All other units are row houses with bath and bedrooms on the second floor making design changes prohibitively costly.

B. Recommended Action: None of the existing units lend themselves to conversion to handicapped accessible due to size and configuration. No additional handicapped units are planned.

2. Admiral Terrace 162 Units

5% Wheelchair Requirement = 8 Units (2 Currently)

2% Hear/Sight Requirement = 3 Units (0 Currently)

A. Conditions: Admiral Terrace has recently completed modernization in conjunction with Chad Brown. All non-handicapped units are row houses with bath and bedrooms on the second floor making conversion costly.

B. Recommended Action: None of the existing units lend themselves to conversion to handicapped accessible units due to configuration. No additional handicapped units are planned.

3. Manton Heights 330 Units

5% Wheelchair Requirement = 16 Units (16 Funded)

2% Hear/Sight Requirement = 7 Units (0 Currently)

A. Conditions: None

B. Recommended Action: Partial funding has been received from the Comprehensive Improvement Assistance Program (CIAP) for the complete modernization of Manton Heights, including the conversion of 16 units to wheelchair accessibility. A construction contract for Phase I is expected to be awarded in August/September, 1990 with completion in approximately 2 years. Common spaces and accessible routes will also be addressed through modernization.

4. Hartford Park/Extension 508 Units

5% Wheelchair Requirement = 25 Units (8 Funded)

2% Hear/Sight Requirement = 10 Units (0 Currently)

A. Conditions: Partial funding has been received from CIAP and Major Reconstruction of Obsolete Properties (MROP) for the modernization of Hartford Park. Because of both structural and financial reasons none of the existing units can be converted to handicapped units.

B. Recommended Action: Thirty-two new units have been funded and will be constructed on the site. Of these 32 units, 8 will be wheelchair accessible. Common spaces and accessible routes will also be addressed during modernization.

5. Coddington Court 119 Units

5% Wheelchair Requirement = 6 Units (0 Currently)

2% Hear/Sight Requirement = 2 Units (0 Currently)

A. Conditions: Common area and public rest rooms are not handicapped accessible. In the five buildings within the development there are 11 one-bedroom units, 18 two-bedroom units, 8 three-bedroom units, and 2 four-bedroom units on the first floors.

B. Recommended Action: Funds for planning have been requested in both the 1989 and 1990 CIAP applications. The PHA will continue to request funds for initial planning for modernization. In the interim, the PHA will request funding for the handicapped units separately in its 1991 CIAP application. Six handicapped accessible units will result from modernization; 4 units will have 2 bedrooms and 2 units will have 3 bedrooms. Common spaces and accessible routes will also be addressed during modernization. However, the community room, which is in the basement of one of the buildings, does not lend itself to conversion due to structural and financial reasons.

6. Roger Williams 40 Units

5% Wheelchair Requirement = 2 Units (0 Currently)

2% Hear/Sight Requirement = 1 Unit (0 Currently)

A. Conditions: Roger Williams is not scheduled for modernization in the near future. The development consists of 2 buildings which have a total of 4 one-bedroom units, 4 two-bedroom units, 4 three-bedroom

units and 4 four-bedroom units on the first floors.

B. Recommended Action: Funds to retrofit 2 units for wheelchair accessibility will be requested in the 1991 CIAP application. It is anticipated that 1 two-bedroom unit and 1 three-bedroom unit will be created. Common spaces and accessible routes will also be addressed during modernization.

7. Scattered Site 252 Units

5% Wheelchair Requirement = 13 Units (13 funded)

2% Hear/Sight Requirement = 5 Units (0 funded)

A. Obstacles: None

B. Recommended Action: Twelve units have been completed and funds have been reserved for construction of 240 more units. Seven handicapped units have been contracted for with six additional units to be included in the second phase of construction. All units are expected to be completed by the summer of 1991.

8. Sunset Village 24 Units

5% Wheelchair Requirement = 1 Unit (2 Currently)

2% Hear/Sight Requirement = 1 Unit (0 Currently)

A. Conditions: Sunset Village has recently completed modernization in conjunction with Chad Brown and Admiral Terrace. It has the required number of wheelchair accessible units, but the common room is on the second floor and the public rest rooms are not

accessible.

B. Recommended Action: FY 1991 CIAP funds will be requested to address all outstanding handicapped accessibility issues. At this time it does not seem feasible from either a structural or financial point of view to make the second floor common areas handicapped accessible. The residents of Sunset Village can and do make use of the Chad Brown/Admiral Terrace community facilities, including a community center, nearby which are accessible.

9. Dexter I 200 Units

5% Wheelchair Requirement = 10 Units (0 Currently)

2% Hear/Sight Requirement = 4 Units (0 Currently)

A. Conditions: The elevator doors close too quickly, the sidewalks are uneven making wheelchair travel difficult, and the public rest rooms are not wheelchair accessible and none of the units are handicapped accessible.

B. Recommended Action: Elevator adjustments will be made in-house. Funds for making the public rest rooms wheelchair accessible and the sidewalks more even will be requested in the FY 1991, along with a request for modernization funding. In order to provide sufficient wheelchair accessible units, apartments will have to be reconfigured, probably resulting in the loss of 1 unit

for every 2 one-bedroom handicapped accessible units created. A total of 6 additional handicapped units will be created. When combined with the number of Dexter II handicapped units (10), the total will be one handicapped unit above the 5% requirement (15). FY 1991 CIAP funds will be requested to address all outstanding handicapped accessibility issues, as well as using operating dollars for low cost items.

10. Dexter II 91 Units

5% Wheelchair Requirement = 5 Units (10 Currently)

2% Hear/Sight Requirement = 2 Units (0 Currently)

A. Obstacles: Dexter shares common space with Dexter I, therefore, the public rest rooms are not accessible, the sidewalks are uneven and the elevators close too quickly.

B. Recommended Action: See Dexter I

11. Carroll Tower 198 Units

5% Wheelchair Requirement = 10 Units (0 Currently)

2% Hear/Sight Requirement = 4 Units (0 Currently)

A. Conditions: Front doors are very heavy for residents in wheelchairs to manipulate easily.

B. Recommended Action: Funds for planning the retrofitting of units for wheelchair accessibility, as

well as all outstanding handicapped accessibility issues will be requested in the FY 1991 CIAP application.

12. Kilmartin Plaza 106 Units

5% Wheelchair Requirement = 5 Units (0 Currently)

2% Hear/Sight Requirement = 2 Units (0 Currently)

A. Conditions: Public rest rooms are not wheelchair accessible.

B. Recommended Action: Funds for planning the retrofitting of units for wheelchair accessibility, as well as all outstanding handicapped accessibility issues, will be requested in the FY 1991 CIAP application.

13. Parenti Villa 198 Units

5% Wheelchair Requirement = 10 Units (0 Currently)

2% Hear/Sight Requirement = 4 Units (0 Currently)

A. Conditions: Front doors are very heavy for wheelchair people to manipulate easily, and public rest rooms are not wheelchair accessible.

B. Recommended Action: Funds for planning the retrofitting of units for wheelchair accessibility, as well as all outstanding handicapped accessibility issues, will be requested in the FY 1991 CIAP application.

14. Dominica Manor 204 Units

5% Wheelchair Requirement = 10 Units (0 Currently)

2% Hear/Sight Requirement = 4 Units (0 Currently)

A. Conditions: Front doors are very heavy for wheelchair people to manipulate, and a curb cut is needed directly in front of the main entrance door.

B. Recommended Action: Funds for planning the retrofitting of units for wheelchair accessibility, as well as all outstanding handicapped accessibility issues, will be requested in the FY 1991 CIAP application.

4.3 Conclusion

The physical improvements listed above are merely the first step toward meeting the needs of physically disabled people by addressing the minimum HUD requirements of Section 504, Title V of the Rehabilitation Act of 1973. The next step for the Providence Housing Authority is to acquire funding that will produce these changes. HUD, through the Comprehensive Improvement Assistance Program, must provide funds with which housing authorities can implement the regulations. Furthermore, other avenues for funding must be explored.

Dealing equitably with the physically disabled population is an ongoing process, one that has just begun. Learning more about the numbers and conditions of these people is imperative. Information is at a minimum, a

condition that must change before the problems of housing for the physically disabled can be creatively met. Responsibility for gathering this information must partially fall on the disabled themselves. It would expedite assistance to the disabled if an organization such as PARI (see CHAPTER 3, Citywide Inventory of Wheelchair Accessible Units) which already is a center for information for disabled people in Rhode Island, could acquire additional funding and focus on defining the disabled population and its needs.

The Providence Housing Authority has just begun to address issues around the disabled, and the production of units to serve this constituency is just beginning. Cooperation between local, state and federal governments is essential in acquiring funding for accessible units as well as for the integration of disabled people into our society.

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APPENDIX A—FEDERAL FINANCIAL ASSISTANCE FROM THE DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT TO WHICH THIS PART APPLIES

PART 8—NONDISCRIMINATION BASED ON HANDICAP IN FEDERALLY ASSISTED PROGRAMS AND ACTIVITIES OF THE DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

Subpart A—General Provisions

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§ 8.1

Sec. APPENDIX B—STATUTORY DEFINITIONS OF HANDICAPPED PERSONS

AUTHORITY: Sec. 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794); Sec. 109 of the Housing and Community Development Act of 1974 (42 U.S.C. 5309); Sec. 7(d) of the Department of Housing and Urban Development Act (42 U.S.C. 3535(d)).

SOURCE: 63 FR 20233, June 2, 1988, unless otherwise noted.

Subpart A—General Provisions

§ 8.1 Purpose.

(a) The purpose of this part is to effectuate section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. 794), to the end that no otherwise qualified individual with handicaps in the United States shall, solely by reason of his or her handicap, be excluded from the participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance from the Department of Housing and Urban Development. This part also implements section 109 of the Housing and Community Development Act of 1974, as amended (42 U.S.C. 5309). This part does not effectuate section 504 as it applies to any program or activity conducted by the Department. Compliance with this part does not assure compliance with requirements for accessibility by physically-handicapped persons imposed under the Architectural Barriers Act of 1968 (42 U.S.C. 4151-4157; 24 CFR Part 40).

(b) The policies and standards for compliance established by this part are established in contemplation of, and with a view to enforcement through, the Department's administration of programs or activities receiving Federal financial assistance and the administrative procedures described in Subparts D and E (including, without limitation, judicial enforcement under § 8.57(a)).

§ 8.2 Applicability.

This part applies to all applicants for, and recipients of, HUD assistance in the operation of programs or activities receiving such assistance. Such assistance includes, but is not limited to,

24 CFR Subtitle A (4-1-89 Edition)

that which is listed in Appendix A of this part.

§ 8.3 Definitions.

As used in this part:

"Accessible", when used with respect to the design, construction, or alteration of a facility or a portion of a facility other than an individual dwelling unit, means that the facility or portion of the facility when designed, constructed or altered, can be approached, entered, and used by individuals with physical handicaps. The phrase "accessible to and usable by" is synonymous with accessible.

"Accessible", when used with respect to the design, construction, or alteration of an individual dwelling unit, means that the unit is located on an accessible route and when designed, constructed, altered or adapted can be approached, entered, and used by individuals with physical handicaps. A unit that is on an accessible route and is adaptable and otherwise in compliance with the standards set forth in § 8.32 is "accessible" within the meaning of this paragraph. When a unit in an existing facility which is being made accessible as a result of alterations is intended for use by a specific qualified individual with handicaps (e.g., a current occupant of such unit or of another unit under the control of the same recipient, or an applicant on a waiting list), the unit will be deemed accessible if it meets the requirements of applicable standards that address the particular disability or impairment of such person.

"Accessible route" means a continuous unobstructed path connecting accessible elements and spaces in a building or facility that complies with the space and reach requirements of applicable standards prescribed by § 8.32. An accessible route that serves only accessible units occupied by persons with hearing or vision impairments need not comply with those requirements intended to effect accessibility for persons with mobility impairments.

"Adaptability" means the ability of certain elements of a dwelling unit such as kitchen counters, sinks, and grab bars, to be added to, raised, low-

red, or otherwise altered, to accommodate the needs of persons with or without handicaps, or to accommodate the needs of persons with different types or degrees of disability. For example, in a unit adaptable for a hearing-impaired person, the wiring for visible emergency alarms may be installed but the alarms need not be installed until such time as the unit is made ready for occupancy by a hearing-impaired person.

"Alteration" means any change in a facility or its permanent fixtures or equipment. It includes, but is not limited to, remodeling, renovation, rehabilitation, reconstruction, changes or rearrangements in structural parts and extraordinary repairs. It does not include normal maintenance or repairs, reroofing, interior decoration, or changes to mechanical systems.

"Applicant for assistance" means one who submits an application, request, plan, or statement required to be approved by a Department official or by a primary recipient as a condition of eligibility for Federal financial assistance. An application means such a request, plan or statement.

"Auxiliary aids" means services or devices that enable persons with impaired sensory, manual, or speaking skills to have an equal opportunity to participate in, and enjoy the benefits of, programs or activities receiving Federal financial assistance. For example, auxiliary aids for persons with impaired vision may include readers, Brailled materials, audio recordings, and other similar services and devices. Auxiliary aids for persons with impaired hearing may include telephone handset amplifiers, telephones compatible with hearing aids, telecommunication devices for deaf persons (TDD's), interpreters, notetakers, written materials, and other similar services and devices.

"Department" or "HUD" means the Department of Housing and Urban Development.

"Facility" means all or any portion of buildings, structures, equipment, roads, walks, parking lots, rolling stock or other real or personal property or interest in the property.

"Federal financial assistance" means any assistance provided or otherwise

made available by the Department through any grant, loan, contract or any other arrangement, in the form of:

- (a) Funds;
- (b) Services of Federal personnel; or
- (c) Real or personal property or any interest in or use of such property, including:

(1) Transfers or leases of the property for less than fair market value or for reduced consideration; and

(2) Proceeds from a subsequent transfer or lease of the property if the Federal share of its fair market value is not returned to the Federal Government.

"Federal financial assistance" includes community development funds in the form of proceeds from loans guaranteed under section 108 of the Housing and Community Development Act of 1974, as amended, but does not include assistance made available through direct Federal procurement contracts or payments made under these contracts or any other contract of insurance or guaranty.

"Handicap" means any condition or characteristic that renders a person an individual with handicaps.

"Historic preservation programs or activities" means programs or activities receiving Federal financial assistance that have preservation of historic properties as a primary purpose.

"Historic properties" means those properties that are listed or are eligible for listing in the National Register of Historic Places, or such properties designated as historic under a statute of the appropriate State or local government body.

"Individual with handicaps" means any 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 an impairment. For purposes of employment, this term does not include: Any individual who is an alcoholic or drug abuser whose current use of alcohol or drugs prevents the individual from performing the duties of the job in question, or whose employment, by reason of current alcohol or drug abuse, would constitute a direct threat to property or the safety of others; or

to which Federal financial assistance is extended, in the case of any other corporation, partnership, private organization, or sole proprietorship; or

(d) Any other entity which is established by two or more of the entities described in paragraphs (a), (b), or (c) of this section;

any part of which is extended Federal financial assistance.

"Project" means the whole of one or more residential structures and appurtenant structures, equipment, roads, walks, and parking lots which are covered by a single contract for Federal financial assistance or application for assistance, or are treated as a whole for processing purposes, whether or not located on a common site.

"Qualified individual with handicaps" means:

(a) With respect to employment, an individual with handicaps who, with reasonable accommodation, can perform the essential functions of the job in question; and

(b) With respect to any non-employment program or activity which requires a person to perform services or to achieve a level of accomplishment, an individual with handicaps who meets the essential eligibility requirements and who can achieve the purpose of the program or activity without modifications in the program or activity that the recipient can demonstrate would result in a fundamental alteration in its nature; or

(c) With respect to any other non-employment program or activity, an individual with handicaps who meets the essential eligibility requirements for participation in, or receipt of benefits from, that program or activity. "Essential eligibility requirements" include stated eligibility requirements such as income as well as other explicit or implicit requirements inherent in the nature of the program or activity, such as requirements that an occupant of multifamily housing be capable of meeting the recipient's selection criteria and be capable of complying with all obligations of occupancy with or without supportive services provided by persons other than the recipient. For example, a chronically-metallic ill person whose particular condition poses a significant risk of substantial

interference with the safety or enjoyment of others or with his or her own health or safety in the absence of necessary supportive services may be "qualified" for occupancy in a project where such supportive services are provided by the recipient as part of the assisted program. The person may not be "qualified" for a project lacking such services.

"Recipient" means any State or its political subdivision, any instrumentality of a State or its political subdivision, any public or private agency, institution, organization, or other entity, or any person to which Federal financial assistance is extended for any program or activity directly or through another recipient, including any successor, assignee, or transferee of a recipient, but excluding the ultimate beneficiary of the assistance. An entity or person receiving housing assistance payments from a recipient on behalf of eligible families under a housing assistance payments program or a voucher program is not a recipient or subrecipient merely by virtue of receipt of such payments.

"Replacement cost of the completed facility" means the current cost of construction and equipment for a newly constructed housing facility of the size and type being altered. Construction and equipment costs do not include the cost of land, demolition, site improvements, non-dwelling facilities and administrative costs for project development activities.

"Secretary" means the Secretary of Housing and Urban Development.

"Section 504" means section 504 of the Rehabilitation Act of 1973, as amended, 29 U.S.C. 794, as it applies to programs or activities receiving Federal financial assistance.

"Substantial impairment" means a significant loss of the integrity of finished materials, design quality, or special character resulting from a permanent alteration.

[53 FR 20233, June 2, 1988; 54 FR 8188, Feb. 27, 1989]

§ 8.4. Discrimination prohibited.

(a) No qualified individual with handicaps shall, solely on the basis of handicap, be excluded from participa-

any individual who has a currently contagious disease or infection and who, by reason of such disease or infection, would constitute a direct threat to the health or safety of other individuals or who, by reason of the currently contagious disease or infection, is unable to perform the duties of the job. For purposes of other programs and activities, the term does not include any individual who is an alcoholic or drug abuser whose current use of alcohol or drugs prevents the individual from participating in the program or activity in question, or whose participation, by reason of such current alcohol or drug abuse, would constitute a direct threat to property or the safety of others. As used in this definition, the phrase:

(a) "Physical or mental impairment" includes:

(1) 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

(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 orthopedic, visual, speech and hearing impairments, cerebral palsy, autism, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, mental retardation, emotional illness, drug addiction and alcoholism.

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

(c) "Has a record of such an impairment" 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.

(d) "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 that 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 such impairment; or

(3) Has none of the impairments defined in paragraph (a) of this section but is treated by a recipient as having such an impairment.

"Multifamily housing project" means a project containing five or more dwelling units.

"Primary recipient" means a person, group, organization, State or local unit of government that is authorized or required to extend Federal financial assistance to another recipient for the purpose of carrying out a program or activity.

"Program or activity" means all of the operations of:

(a)(1) A department, agency, special purpose district, or other instrumentality of a State or of a local government; or

(2) The entity of such State or local government that distributes such assistance and each such department or agency (and each other State or local government entity) to which the assistance is extended, in the case of assistance to a State or local government;

(b)(1) A college, university, or other post-secondary institution, or a public system of higher education; or

(2) A local educational agency (as defined in section 198(a)(10) of the Elementary and Secondary Education Act of 1965); system of vocational education, or other school system;

(c)(1) An entire corporation, partnership, or other private organization, or an entire sole proprietorship—

(i) If assistance is extended to such corporation, partnership, private organization, or sole proprietorship as a whole; or

(ii) Which is principally engaged in the business of providing education, health care, housing, social services, parks and recreation; or

(2) The entire plant or other comparable, geographically separate facility

activity that receives Federal financial assistance from the Department, or

(ii) Defeat or substantially impair the accomplishment of the objectives of the program or activity with respect to qualified individuals with handicaps.

(6) As used in this section, the housing, aid, benefit, or service provided under a program or activity receiving Federal financial assistance includes any housing, aid, benefit, or service provided in or through a facility that has been constructed, altered, leased or rented, or otherwise acquired, in whole or in part, with Federal financial assistance.

(c)(1) Non-handicapped persons may be excluded from the benefits of a program if the program is limited by Federal statute or executive order to individuals with handicaps. A specific class of individuals with handicaps may be excluded from a program if the program is limited by Federal statute or Executive order to a different class of individuals.

(2) Certain Department programs operate under statutory definitions of "handicapped person" that are more restrictive than the definition of "individual with handicaps" contained in § 8.3 (see Appendix B). Those definitions are not superseded or otherwise affected by this regulation.

(d) Recipients shall administer programs and activities receiving Federal financial assistance in the most integrated setting appropriate to the needs of qualified individuals with handicaps.

(e) The obligation to comply with this part is not obviated or alleviated by any State or local law or other requirement that, based on handicap, imposes inconsistent or contradictory prohibitions or limits upon the eligibility of qualified individuals with handicaps to receive services or to practice any occupation or profession.

(f) The enumeration of specific forms of prohibited discrimination in paragraphs (b) through (e) of this section does not limit the general prohibition in paragraph (a) of this section.

[53 FR 20233, June 2, 1988; 53 FR 28115, July 28, 1988]

§ 8.5 (Reserved)

§ 8.6 Communications.

(a) The recipient shall take appropriate steps to ensure effective communication with applicants, beneficiaries, and members of the public.

(1) The recipient shall furnish appropriate auxiliary aids where necessary to afford an individual with handicaps an equal opportunity to participate in, and enjoy the benefits of, a program or activity receiving Federal financial assistance.

(i) In determining what auxiliary aids are necessary, the recipient shall give primary consideration to the requests of the individual with handicaps.

(ii) The recipient is not required to provide individually prescribed devices, readers for personal use or study, or other devices of a personal nature.

(2) Where a recipient communicates with applicants and beneficiaries by telephone, telecommunication devices for deaf persons (TDD's) or equally effective communication systems shall be used.

(b) The recipient shall adopt and implement procedures to ensure that interested persons (including persons with impaired vision or hearing) can obtain information concerning the existence and location of accessible services, activities, and facilities.

(c) This section does not require a recipient to take any action that the recipient can demonstrate would result in a fundamental alteration in the nature of a program or activity or in undue financial and administrative burdens. If an action would result in such an alteration or burdens, the recipient shall take any other action that would not result in such an alteration or such burdens but would nevertheless ensure that, to the maximum extent possible, individuals with handicaps receive the benefits and services of the program or activity receiving HUD assistance.

Subpart B—Employment**§ 8.10 General prohibitions against employment discrimination.**

(a) No qualified individual with handicaps shall, solely on the basis of handicap, be subjected to discrimination in employment under any program or activity that receives Federal financial assistance from the Department.

(b) A recipient may not limit, segregate, or classify applicants or employees in any way that adversely affects their opportunities or status because of handicap.

(c) The prohibition against discrimination in employment applies to the following activities:

(1) Recruitment, advertising, and the processing of applications for employment;

(2) Hiring, upgrading, promotion, award of tenure, demotion, transfer, layoff, termination, right of return from layoff, injury or illness, and re-hiring;

(3) Rates of pay or any other form of compensation and changes in compensation;

(4) Job assignments, job classifications, organizational structures, position descriptions, lines of progression, and seniority lists;

(5) Leaves of absence, sick leave, or any other leave;

(6) Fringe benefits available by virtue of employment, whether or not administered by the recipient;

(7) Selection and financial support for training, including apprenticeship, professional meetings, conferences, and other related activities, and selection for leaves of absence for training;

(8) Employer sponsored activities, including social or recreational programs; and

(9) Any other term, condition, or privilege of employment.

(d) A recipient may not participate in a contractual or other relationship that has the effect of subjecting qualified applicants with handicaps or employees with handicaps to discrimination prohibited by this subpart. The relationships referred to in this paragraph (d) include relationships with employment and referral agencies, labor unions, organizations providing

or administering fringe benefits to employees of the recipient, and organizations providing training and apprenticeship programs.

§ 8.11 Reasonable accommodation.

(a) A recipient shall make reasonable accommodation to the known physical or mental limitations of an otherwise qualified applicant with handicaps or employee with handicaps, unless the recipient can demonstrate that the accommodation would impose an undue hardship on the operation of its program.

(b) Reasonable accommodation may include:

(1) Making facilities used by employees accessible to and usable by individuals with handicaps and

(2) Job restructuring, job relocation, part-time or modified work schedules, acquisitions or modification of equipment or devices, the provision of readers or interpreters, and other similar actions.

(c) In determining, under paragraph (a) of this section, whether an accommodation would impose an undue hardship on the operation of a recipient's program, factors to be considered include:

(1) The overall size of the recipient's program with respect to number of employees, number and type of facilities, and size of budget;

(2) The type of the recipient's operation, including the composition and structure of the recipient's workforce; and

(3) The nature and cost of the accommodation needed.

(d) A recipient may not deny an employment opportunity to a qualified handicapped employee or applicant; the basis for the denial is the need to make reasonable accommodation to the physical or mental limitations of the employee or applicant.

§ 8.12 Employment criteria.

(a) A recipient may not use any employment test or other selection criterion that screens out or tends to screen-out individuals with handicaps or any class of individuals with handicaps unless:

(1) The recipient demonstrates that the test score or other selection criterion, as used by the recipient, is job-related for the position in question; and

(2) The appropriate HUD official demonstrates that alternative job-related tests or criteria that tend to screen out fewer individuals with handicaps are unavailable.

(b) A recipient shall select and administer tests concerning employment to ensure that, when administered to an applicant or employee who has a handicap that impairs sensory, manual, or speaking skills, the test results accurately reflect the applicant's or employee's job skills, aptitude, or whatever other factor the test purports to measure, rather than the applicant's or employee's impaired sensory, manual, or speaking skills (except where those skills are the factors that the test purports to measure).

§ 8.13 Preemployment inquiries.

(a) Except as provided in paragraphs (b) and (c) of this section, a recipient may not make a preemployment inquiry or conduct a preemployment medical examination of an applicant to determine whether the applicant is an individual with handicaps or the nature or severity of a handicap. A recipient may, however, make preemployment inquiry into an applicant's ability to perform job-related functions.

(b) When a recipient is undertaking affirmative action efforts, voluntary or otherwise, the recipient may invite applicants for employment to indicate whether and to what extent they are handicapped, if the following conditions are met:

(1) The recipient states clearly on any written questionnaire used for this purpose, or makes clear orally if no written questionnaire is used, that the information requested is intended for use solely in connection with its remedial action obligations, or its voluntary or affirmative action efforts; and

(2) The recipient states clearly that the information is being requested on a voluntary basis, that it will be kept confidential (as provided in paragraph (d) of this section), that refusal to provide the information will not subject the applicant or employee to any ad-

verse treatment, and that the information will be used only in accordance with this part.

(c) Nothing in this section shall prohibit a recipient from conditioning an offer of employment on the results of a medical examination conducted before the employee's entrance on duty if all entering employees in that category of job classification must take such an examination regardless of handicap, and the results of such examination are used only in accordance with the requirements of this part.

(d) Information obtained under this section concerning the medical condition or history of the applicant is to be collected and maintained on separate forms that are accorded confidentiality as medical records, except that:

(1) Supervisors and managers may be informed of restrictions on the work or duties of individuals with handicaps and informed of necessary accommodations;

(2) First aid and safety personnel may be informed if the condition might require emergency treatment; and

(3) Government officials investigating compliance with section 504 shall be provided relevant information upon request.

Subpart C—Program Accessibility

§ 8.20 General requirement concerning program accessibility.

Except as otherwise provided in §§ 8.21(c)(1), 8.24(a), 8.25, and 8.31, no qualified individual with handicaps shall, because a recipient's facilities are inaccessible to or unusable by individuals with handicaps, be denied the benefits of, be excluded from participation in, or otherwise be subjected to discrimination under any program or activity that receives Federal financial assistance.

§ 8.21 Non-housing facilities.

(a) *New construction.* New non-housing facilities shall be designed and constructed to be readily accessible to and usable by individuals with handicaps.

(b) *Alterations to facilities.* Alterations to existing non-housing facili-

ties shall, to the maximum extent feasible, be made to be readily accessible to and usable by individuals with handicaps. For purposes of this paragraph, the phrase "to the maximum extent feasible" shall not be interpreted as requiring that a recipient make a non-housing facility, or element thereof, accessible if doing so would impose undue financial and administrative burdens on the operation of the recipient's program or activity.

(c) *Existing non-housing facilities.*

(1) *General.* A recipient shall operate each non-housing program or activity receiving Federal financial assistance so that the program or activity, when viewed in its entirety, is readily accessible to and usable by individuals with handicaps. This paragraph does not—

(i) Necessarily require a recipient to make each of its existing non-housing facilities accessible to and usable by individuals with handicaps;

(ii) In the case of historic preservation programs or activities, require the recipient to take any action that would result in a substantial impairment of significant historic features of an historic property; or

(iii) Require a recipient to take any action that it can demonstrate would result in a fundamental alteration in the nature of its program or activity or in undue financial and administrative burdens. If an action would result in such an alteration or such burdens, the recipient shall take any action that would not result in such an alteration or such burdens but would nevertheless ensure that individuals with handicaps receive the benefits and services of the program or activity.

(2) *Methods.*—(i) *General.* A recipient may comply with the requirements of this section in its programs and activities receiving Federal financial assistance through such means as location of programs or services in accessible facilities, assignment of aides to beneficiaries, home visits, the addition or redesign of equipment (e.g., appliances or furnishings) changes in management policies or procedures, acquisition or construction of additional facilities, or alterations in existing facilities on a selective basis, or any other methods that result in making its pro-

gram or activity accessible to individuals with handicaps. A recipient is not required to make structural changes in existing facilities where other methods are effective in achieving compliance with this section. In choosing among available methods for meeting the requirements of this section, the recipient shall give priority to those methods that offer programs and activities to qualified individuals with handicaps in the most integrated setting appropriate.

(ii) *Historic preservation programs or activities.* In meeting the requirements of § 8.21(c) in historic preservation programs or activities, a recipient shall give priority to methods that provide physical access to individuals with handicaps. In cases where a physical alteration to an historic property is not required because of § 8.21(c)(1)(ii) or (iii), alternative methods of achieving program accessibility include using audio-visual materials and devices to depict those portions of an historic property that cannot otherwise be made accessible; assigning persons to guide individuals with handicaps into or through portions of historic properties that cannot otherwise be made accessible; or adopting other innovative methods.

(3) *Time period for compliance.* The recipient shall comply with the obligations established under this section within sixty days of July 11, 1988, except that where structural changes in facilities are undertaken, such changes shall be made within three years of July 11, 1988, but in any event as expeditiously as possible.

(4) *Transition plan.* If structural changes to non-housing facilities will be undertaken to achieve program accessibility, a recipient shall develop, within six months of July 11, 1988, a transition plan setting forth the steps necessary to complete such changes. The plan shall be developed with the assistance of interested persons, including individuals with handicaps or organizations representing individuals with handicaps. A copy of the transition plan shall be made available for public inspection. The plan shall, at a minimum—

(i) Identify physical obstacles in the recipient's facilities that limit the ac-

tion in, be denied the benefits of, or otherwise be subjected to discrimination under any program or activity that receives Federal financial assistance from the Department.

(b) (1) A recipient, in providing any housing, aid, benefit, or service in a program or activity that receives Federal financial assistance from the Department may not, directly or through contractual, licensing, or other arrangements, solely on the basis of handicap:

(i) Deny a qualified individual with handicaps the opportunity to participate in, or benefit from, the housing, aid, benefit, or service;

(ii) Afford a qualified individual with handicaps an opportunity to participate in, or benefit from, the housing, aid, benefit, or service that is not equal to that afforded to others;

(iii) Provide a qualified individual with handicaps with any housing, aid, benefit, or service that is not as effective in affording the individual an equal opportunity to obtain the same result, to gain the same benefit, or to reach the same level of achievement as that provided to others;

(iv) Provide different or separate housing, aid, benefits, or services to individuals with handicaps or to any class of individuals with handicaps from that provided to others unless such action is necessary to provide qualified individuals with handicaps with housing, aid, benefits, or services that are as effective as those provided to others.

(v) Aid or perpetuate discrimination against a qualified individual with handicaps by providing significant assistance to an agency, organization, or person that discriminates on the basis of handicap in providing any housing, aid, benefit, or service to beneficiaries in the recipient's federally assisted program or activity;

(vi) Deny a qualified individual with handicaps the opportunity to participate as a member of planning or advisory boards;

(vii) Deny a dwelling to an otherwise qualified buyer or renter because of a handicap of that buyer or renter or a person residing in or intending and eligible to reside in that dwelling after it is sold, rented or made available; or

(viii) Otherwise limit a qualified individual with handicaps in the enjoyment of any right, privilege, advantage, or opportunity enjoyed by other qualified individuals receiving the housing, aid, benefit, or service.

(2) For purposes of this part, housing, aids, benefits, and services, to be equally effective, are not required to produce the identical result or level of achievement for individuals with handicaps and non-handicapped persons, but must afford individuals with handicaps equal opportunity to obtain the same result, to gain the same benefit, or to reach the same level of achievement.

(3) A recipient may not deny a qualified individual with handicaps the opportunity to participate in any federally assisted program or activity that is not separate or different despite the existence of permissibly separate or different programs or activities.

(4) In any program or activity receiving Federal financial assistance from the Department, a recipient may not, directly or through contractual or other arrangements, utilize criteria or methods of administration the purpose or effect of which would:

(i) Subject qualified individuals with handicaps to discrimination solely on the basis of handicap;

(ii) Defeat or substantially impair the accomplishment of the objectives of the recipient's federally assisted program or activity for qualified individuals with a particular handicap involved in the program or activity; unless the recipient can demonstrate that the criteria or methods of administration are manifestly related to the accomplishment of an objective of the program or activity; or

(iii) Perpetuate the discrimination of another recipient if both recipients are subject to common administrative control or are agencies of the same State.

(5) In determining the site or location of a federally assisted facility, an applicant for assistance or a recipient may not make selections the purpose or effect of which would:

(i) Exclude qualified individuals with handicaps from, deny them the benefits of, or otherwise subject them to discrimination under, any program.

cessibility of its programs or activities to individuals with handicaps:

(ii) Describe in details the methods that will be used to make the facilities accessible;

(iii) Specify the schedule for taking the steps necessary to achieve compliance with this section and, if the time period of the transition plan is longer than one year, identify steps that will be taken during each year of the transition period;

(iv) Indicate the official responsible for implementation of the plan; and

(v) Identify the persons or groups with whose assistance the plan was prepared.

[53 FR 20233, June 2, 1988; 53 FR 28115, July 26, 1988]

EFFECTIVE DATE NOTE: At 53 FR 20233, June 2, 1988, § 8.21 was added. Paragraph (c)(4) contains information collection requirements that have been submitted for approval by the Office of Management and Budget. It is not effective until OMB approval has been obtained and the public notified to that effect through a technical amendment to this section.

§ 8.22 New Construction—housing facilities.

(a) New multifamily housing projects (including public housing projects as required by § 8.25) shall be designed and constructed to be readily accessible to and usable by individuals with handicaps.

(b) Subject to paragraph (c) of this section, a minimum of five percent of the total dwelling units or at least one unit in a multifamily housing project, whichever is greater, shall be made accessible for persons with mobility impairments. A unit that is on an accessible route and is adaptable and otherwise in compliance with the standards set forth in § 8.32 is accessible for purposes of this section. An additional two percent of the units (but not less than one unit) in such a project shall be accessible for persons with hearing or vision impairments.

(c) HUD may prescribe a higher percentage or number than that prescribed in paragraph (b) of this section for any area upon request therefor by any affected recipient or by any State or local government or agency thereof based upon demonstration to the rea-

sonable satisfaction of HUD of a need for a higher percentage or number, based on census data or other available current data (including a currently effective Housing Assistance Plan or Comprehensive Homeless Assistance Plan), or in response to evidence of a need for a higher percentage or number received in any other manner. In reviewing such request or otherwise assessing the existence of such needs, HUD shall take into account the expected needs of eligible persons with and without handicaps.

§ 8.23 Alterations of existing housing facilities.

(a) *Substantial alteration.* If alterations are undertaken to a project (including a public housing project as required by § 8.25(a)(2)) that has 15 or more units and the cost of the alterations is 75 percent or more of the replacement cost of the completed facility, then the provisions of § 8.22 shall apply.

(b) *Other alterations.* (1) Subject to paragraph (b)(2) of this section, alterations to dwelling units in a multifamily housing project (including public housing) shall, to the maximum extent feasible, be made to be readily accessible to and usable by individuals with handicaps. If alterations of single elements or spaces of a dwelling unit, when considered together, amount to an alteration of a dwelling unit, the entire dwelling unit shall be made accessible. Once five percent of the dwelling units in a project are readily accessible to and usable by individuals with mobility impairments, then no additional elements of dwelling units, or entire dwelling units, are required to be accessible under this paragraph. Alterations to common areas or parts of facilities that affect accessibility of existing housing facilities shall, to the maximum extent feasible, be made to be accessible to and usable by individuals with handicaps. For purposes of this paragraph, the phrase "to the maximum extent feasible" shall not be interpreted as requiring that a recipient (including a PHA) make a dwelling unit, common area, facility or element thereof accessible if doing so would impose undue financial and adminis-

trative burdens on the operation of the multifamily housing project.

(2) HUD may prescribe a higher percentage or number than that prescribed in paragraph (b)(1) of this section for any area upon request therefor by any affected recipient or by any State or local government or agency thereof based upon demonstration to the reasonable satisfaction of HUD of a need for a higher percentage or number, based on census data or other available current data (including a currently effective Housing Assistance Plan or Comprehensive Homeless Assistance Plan), or in response to evidence of a need for a higher percentage or number received in any other manner. In reviewing such request or otherwise assessing the existence of such needs, HUD shall take into account the expected needs of eligible persons with and without handicaps.

§ 8.24 Existing housing programs.

(a) *General.* A recipient shall operate each existing housing program or activity receiving Federal financial assistance so that the program or activity, when viewed in its entirety, is readily accessible to and usable by individuals with handicaps. This paragraph does not—

(1) Necessarily require a recipient to make each of its existing facilities accessible to and usable by individuals with handicaps;

(2) Require a recipient to take any action that it can demonstrate would result in a fundamental alteration in the nature of its program or activity or in undue financial and administrative burdens. If an action would result in such an alteration or such burdens, the recipient shall take any action that would not result in such an alteration or such burdens but would nevertheless ensure that individuals with handicaps receive the benefits and services of the program or activity.

(b) *Methods.* A recipient may comply with the requirements of this section through such means as reassignment of services to accessible buildings, assignment of aides to beneficiaries, provision of housing or related services at alternate accessible sites, alteration of existing facilities and construction of new facilities, or any other methods

that result in making its programs or activities readily accessible to and usable by individuals with handicaps. A recipient is not required to make structural changes in existing housing facilities where other methods are effective in achieving compliance with this section or to provide supportive services that are not part of the program. In choosing among available methods for meeting the requirements of this section, the recipient shall give priority to those methods that offer programs and activities to qualified individuals with handicaps in the most integrated setting appropriate.

(c) *Time period for compliance.* The recipient shall comply with the obligations established under this section within sixty days of July 11, 1988, except that—

(1) In a public housing program where structural changes in facilities are undertaken, such changes shall be made within the timeframes established in § 8.25(c).

(2) In other housing programs where structural changes in facilities are undertaken, such changes shall be made within three years of July 11, 1988, but in any event as expeditiously as possible.

(d) *Transition plan and time period for structural changes.* Except as provided in § 8.25(c), in the event that structural changes to facilities will be undertaken to achieve program accessibility, a recipient shall develop within six months of July 11, 1988, a transition plan setting forth the steps necessary to complete such changes. The plan shall be developed with the assistance of interested persons, including individuals with handicaps and organizations representing individuals with handicaps. A copy of the transition plan shall be made available for public inspection. The plan shall, at minimum—

(1) Identify physical obstacles in the recipient's facilities that limit the accessibility of its programs or activities to individuals with handicaps;

(2) Describe in detail the methods that will be used to make the facilities accessible;

(3) Specify the schedule for taking the steps necessary to achieve compliance with this section and, if the time

period of the transition plan is longer than one year, identify steps that will be taken during each year of the transition period:

(4) Indicate the official responsible for implementation of the plan; and

(5) Identify the persons or groups with whose assistance the plan was prepared.

(53 FR 20233, June 2, 1988; 53 FR 28115, July 26, 1988)

EFFECTIVE DATE NOTE: At 53 FR 20233, June 2, 1988, § 8.24 was added. Paragraph (d) contains information collection requirements that have been submitted for approval by the Office of Management and Budget. It is not effective until OMB approval has been obtained and the public notified to that effect through a technical amendment to this section.

§ 8.25 Public housing (including multi-family Indian housing).

(a) *Development and alteration of public housing.* (1) The requirements of § 8.22 shall apply to all newly constructed public housing.

(2) The requirements of § 8.23 shall apply to public housing developed through rehabilitation and to the alteration of public housing.

(3) In developing public housing through the purchase of existing properties PHAs shall give priority to facilities which are readily accessible to and usable by individuals with handicaps.

(b) *Existing public housing—general.* The requirements of § 8.24(a) shall apply to public housing programs.

(c) *Existing public housing—needs assessment and transition plan.* As soon as possible, each PHA shall assess, on a PHA-wide basis, the needs of current tenants and applicants on its waiting list for accessible units and the extent to which such needs have not been met or cannot reasonably be met within four years through development, alterations otherwise contemplated, or other programs administered by the PHA (e.g., Section 8 Moderate Rehabilitation or Section 8 Existing Housing or Housing Vouchers). If the PHA currently has no accessible units or if the PHA or HUD determines that information regarding the availability of accessible units has not been communicated sufficiently so

that, as a result, the number of eligible qualified individuals with handicaps on the waiting list is not fairly representative of the number of such persons in the area, the PHA's assessment shall include the needs of eligible qualified individuals with handicaps in the area. If the PHA determines, on the basis of such assessment, that there is no need for additional accessible dwelling units or that the need is being or will be met within four years through other means, such as new construction, Section 8 or alterations otherwise contemplated, no further action is required by the PHA under this paragraph. If the PHA determines, on the basis of its needs assessment, that alterations to make additional units accessible must be made so that the needs of eligible qualified individuals with handicaps may be accommodated proportionally to the needs of non-handicapped individuals in the same categories, then the PHA shall develop a transition plan to achieve program accessibility. The PHA shall complete the needs assessment and transition plan, if one is necessary, as expeditiously as possible, but in any event no later than two years after July 11, 1988. The PHA shall complete structural changes necessary to achieve program accessibility as soon as possible but in any event no later than four years after July 11, 1988. The Assistant Secretary for Fair Housing and Equal Opportunity and the Assistant Secretary for Public and Indian Housing may extend the four year period for a period not to exceed two years, on a case-by-case determination that compliance within that period would impose undue financial and administrative burdens on the operation of the recipient's public housing program. The Secretary or the Undersecretary may further extend this time period in extraordinary circumstances, for a period not to exceed one year. The plan shall be developed with the assistance of interested persons including individuals with handicaps or organizations representing individuals with handicaps. A copy of the needs assessment and transition plan shall be made available for public inspection. The transition plan shall, at a minimum—

§ 8.26

(1) Identify physical obstacles in the PHA's facilities (e.g., dwelling units and common areas) that limit the accessibility of its programs or activities to individuals with handicaps;

(2) Describe in detail the methods that will be used to make the PHA's facilities accessible. A PHA may, if necessary, provide in its plan that it will seek HUD approval under 24 CFR Part 968, of a comprehensive modernization program to meet the needs of eligible individuals with handicaps;

(3) Specify the schedule for taking the steps necessary to achieve compliance with this section and, if the time of the transition plan is longer than one year, identify steps that will be taken during each year of the transition period;

(4) Indicate the official responsible for implementation of the plan; and

(5) Identify the persons or groups with whose assistance the plan was prepared.

EFFECTIVE DATE NOTE: At 53 FR 20233, June 2, 1988, § 8.25 was added. Paragraph (c) contains information collection requirements that have been submitted for approval by the Office of Management and Budget. It is not effective until OMB approval has been obtained and the public notified to that effect through a technical amendment to this section.

§ 8.26 Distribution of accessible dwelling units.

Accessible dwelling units required by § 8.22, 8.23, 8.24 or 8.25 shall, to the maximum extent feasible and subject to reasonable health and safety requirements, be distributed throughout projects and sites and shall be available in a sufficient range of sizes and amenities so that a qualified individual with handicaps' choice of living arrangements is, as a whole, comparable to that of other persons eligible for housing assistance under the same program. This provision shall not be construed to require provision of an elevator in any multifamily housing project solely for the purpose of permitting location of accessible units above or below the accessible grade level.

24 CFR Subtitle A (4-1-89 Edition)

§ 8.27 Occupancy of accessible dwelling units.

(a) Owners and managers of multifamily housing projects having accessible units shall adopt suitable means to assure that information regarding the availability of accessible units reaches eligible individuals with handicaps, and shall take reasonable nondiscriminatory steps to maximize the utilization of such units by eligible individuals whose disability requires the accessibility features of the particular unit. To this end, when an accessible unit becomes vacant, the owner or manager before offering such units to a non-handicapped applicant shall offer such unit:

(1) First, to a current occupant of another unit of the same project, or comparable projects under common control, having handicaps requiring the accessibility features of the vacant unit and occupying a unit not having such features, or, if no such occupant exists, then

(2) Second, to an eligible qualified applicant on the waiting list having a handicap requiring the accessibility features of the vacant unit.

(b) When offering an accessible unit to an applicant not having handicaps requiring the accessibility features of the unit, the owner or manager may require the applicant to agree (and may incorporate this agreement in the lease) to move to a non-accessible unit when available.

§ 8.28 Housing certificate and housing voucher programs.

(a) In carrying out the requirements of this subpart, a recipient administering a Section 8 Existing Housing Certificate program or a housing voucher program shall:

(1) In providing notice of the availability and nature of housing assistance for lower-income families under program requirements, adopt suitable means to assure that the notice reaches eligible individuals with handicaps;

(2) In its activities to encourage participation by owners, include encouragement of participation by owners having accessible units;

(3) When issuing a Housing Certificate or Housing Voucher to a family which includes an individual with handicaps include a current listing of available accessible units known to the PHA and, if necessary, otherwise assist the family in locating an available accessible dwelling unit;

(4) Take into account the special problem of ability to locate an accessible unit when considering requests by eligible individuals with handicaps for extensions of Housing Certificates or Housing Vouchers; and

(5) If necessary in order to achieve compliance with this subpart, request under 24 CFR Part 882, an exception to the Fair Market Rents to allow section 8 certificate holders to rent accessible units.

(b) In order to ensure that participating owners do not discriminate in the recipient's federally assisted program, a recipient shall enter into a HUD-approved contract with participating owners, which contract shall include necessary assurances of nondiscrimination.

§ 8.29 Homeownership programs (Sections 235(i) and 235(j), Turnkey III and Indian Housing Mutual Self-Help programs).

Any housing units newly constructed or rehabilitated for purchase or single family (including semi-attached and attached) units to be constructed or rehabilitated in a program or activity receiving Federal financial assistance shall be made accessible upon request of the prospective buyer if the nature of the handicap of an expected occupant so requires. In such case, the buyer shall consult with the seller or builder/sponsor regarding the specific design features to be provided. If accessibility features selected at the option of the homebuyer are ones covered by the standards prescribed by § 8.32, those features shall comply with the standards prescribed in § 8.32. The buyer shall be permitted to depart from particular specifications of these standards in order to accommodate his or her specific handicap. The cost of making a facility accessible under this paragraph may be included in the mortgage amount within the allowable mortgage limits, where

applicable. To the extent such costs exceed allowable mortgage limits, they may be passed on to the prospective homebuyer, subject to maximum sales price limitations (see 24 CFR 235.320.)

§ 8.30 Rental rehabilitation program.

Each grantee or state recipient in the rental rehabilitation program shall, subject to the priority in 24 CFR 511.10(i) and in accordance with other requirements in 24 CFR Part 511, give priority to the selection of projects that will result in dwelling units being made readily accessible to and usable by individuals with handicaps.

[53 FR 20233, June 2, 1988; 53 FR 28115, July 26, 1988]

§ 8.31 Historic properties.

If historic properties become subject to alterations to which this part applies the requirements of § 4.1.7 of the standards of § 8.32 of this part shall apply, except in the case of the Urban Development Action Grant (UDAG) program. In the UDAG program the requirements of 36 CFR Part 801 shall apply. Accessibility to historic properties subject to alterations need not be provided if such accessibility would substantially impair the significant historic features of the property or result in undue financial and administrative burdens.

§ 8.32 Accessibility standards.

(a) Effective as of July 11, 1988, design, construction, or alteration of buildings in conformance with sections 3-8 of the Uniform Federal Accessibility Standards (UFAS) (Appendix A to 41 CFR Subpart 101-19.6 for general-type buildings and appendix A to 24 CFR Subpart 40 for residential structures) shall be deemed to comply with the requirements of §§ 8.21, 8.22, 8.23, and 8.25 with respect to those buildings. Departures from particular technical and scoping requirements of UFAS by the use of other methods are permitted where substantially equivalent or greater access to and usability of the building is provided. The alteration of housing facilities shall also be in conformance with additional scoping requirements contained in this part

(b) For purposes of this section, section 4.1.6(1)(g) of UFAS shall be interpreted to exempt from the requirements of UFAS only mechanical rooms and other spaces that, because of their intended use, will not require accessibility to the public or beneficiaries or result in the employment or residence therein of individuals with physical handicaps.

(c) This section does not require recipients to make building alterations that have little likelihood of being accomplished without removing or altering a load-bearing structural member.

(d) For purposes of this section, section 4.1.4(11) of UFAS may not be used to waive or lower the minimum of five percent accessible units required by § 8.22(b) or to apply the minimum only to projects of 15 or more dwelling units.

(e) Except as otherwise provided in this paragraph, the provisions of §§ 8.21 (a) and (b), 8.22 (a) and (b), 8.23, 8.25(a) (1) and (2), and 8.29 shall apply to facilities that are designed, constructed or altered after July 11, 1988. If the design of a facility was commenced before July 11, 1988, the provisions shall be followed to the maximum extent practicable, as determined by the Department. For purposes of this paragraph, the date a facility is constructed or altered shall be deemed to be the date bids for the construction or alteration of the facility are solicited. For purposes of the Urban Development Action Grant (UDAG) program, the provisions shall apply to the construction or alteration of facilities that are funded under applications submitted after July 11, 1988. If the UDAG application was submitted before July 11, 1988, the provisions shall apply, to the maximum extent practicable, as determined by the Department.

§ 8.33 Housing adjustments.

A recipient shall modify its housing policies and practices to ensure that these policies and practices do not discriminate, on the basis of handicap, against a qualified individual with handicaps. The recipient may not impose upon individuals with handicaps other policies, such as the prohibition of assistive devices, auxiliary

alarms, or guides in housing facilities, that have the effect of limiting the participation of tenants with handicaps in the recipient's federally assisted housing program or activity in violation of this part. Housing policies that the recipient can demonstrate are essential to the housing program or activity will not be regarded as discriminatory within the meaning of this section if modifications to them would result in a fundamental alteration in the nature of the program or activity or undue financial and administrative burdens.

Subpart D—Enforcement

§ 8.50 Assurances required.

(a) *Assurances.* An applicant for Federal financial assistance for a program or activity to which this part applies shall submit an assurance to HUD, or in the case of a subrecipient to a primary recipient, on a form specified by the responsible civil rights official, that the program or activity will be operated in compliance with this part. An applicant may incorporate these assurances by reference in subsequent applications to the Department.

(b) *Duration of obligation.* (1) In the case of Federal financial assistance extended in the form of real property or to provide real property or structures on the property, the assurance will obligate the recipient or, in the case of a subsequent transfer, the transferee, for the period during which the real property or structures are used for the purpose for which Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits.

(2) In the case of Federal financial assistance extended to provide personal property, the assurance will obligate the recipient for the period during which it retains ownership or possession of the property.

(3) In all other cases the assurance will obligate the recipient for the period during which Federal financial assistance is extended.

(c) *Covenants.* (1) Where Federal financial assistance is provided in the form of real property or interest in the property from the Department,

HANDICAP VERIFICATION

Dear Sir/Madam:

Special considerations in federally assisted housing are authorized by law to a person or family of a person who is physically handicapped. For the purpose of qualifying for this supplement in rent, the head of the household or spouse must have a physical impairment which (a) is expected to be of long-continued and indefinite duration, (b) substantially impedes his/her ability to live independently, and (c) is of such a nature that such ability could be improved by more suitable housing conditions.

We would appreciate your completing the certification below for _____ and returning this form in the enclosed envelope. This information will be used only for the purpose of classification and establishing eligibility for the supplemental payment.

Sincerely,

Manager

I hereby authorize the release of the requested information.

Date _____ Signature _____

In my opinion _____ is is is not handicapped as defined above. Explanation of the nature of disability or illness:

Date _____ Signed _____

Professional Title _____

Address _____

APPENDIX C

Listing of HUD multi-family housing.
Handicap Listing

Location	NUMBER OF UNITS	HANDICAP UNITS	Handi Effic	Handi 1 Bed	Handi 2 Bed	Handi 3 Bed	CENSUS TRACK
1390 House	53	0					08
Admiral Terrace (Fam)	152	2			1	1	27
Arron Briggs	88	9		9			12
Barbara Jordon Apt. (Fam)	193	3					129-09 64-05
Barbara Jordon II (Fam)	76	0					Rehab Count
Beneficent House	179	0					08
Braeburn Apartments	51	1			1		28
Branch Apartments (Fam)	18	0					10
Bridgham Manor	88	9		9	1		10
Broadway Plaza (Fam)	96	0					10
Cathedral Square I	100	8		8			08
Cathedral Square II	93	5	4	1			08
Chad Brown (Fam)	198	3			2	1	27
Charles Place	200	11		11			23
Charlesgate Square East	100	18		9	9		30
Charlesgate Square North	200	24	12	12			30
Charlesgate Square South	100	12		6	6		30
Chatham Village (Fam)	40	0					29
Codding Court (Fam)	119	0					12
Colonial House	101	8		7	1		02
Curtis Arms	106	10		10			13
Dexter Manor I	200	0					08
Dexter Manor II	91	10		9	1		08
Dominica Manor	204	0					09
East Side Apartments	82	8		8			31
Edward Cooney House	27	0					28
Etta Apartments (Elderly)	36	0					28
Evergreen/Pleasant Apt. (Fam)	65	0					32
Father Parenti Villa	198	0					10
Fox Point Manor	98	7		7			37
Grace Church Apartments	100	6		6			08
Grandview Apartments	9	1		1			31
Hagan Manor	80	0					29
Hartford Park (Fam) (Eld)	392	8			4	3	18
Hartford Park Ext. (Fam)	116	0					18
Harwei Court (Fam)	22	0					02
Hillcrest Village	130	18		12	6		20
Huntington Towers	106	0					14
Indian Village (Fam)	36	0					07
J. P. Carroll Towers	198	0					27
John D. Kilmartin, Jr.	106	0					14
Lockwood Plaza (Elderly)	101	4		4			07
Lockwood Plaza (Fam)	108	0					07
Manton Heights (Fam)	330	14		3	6	5	20
Maplewood Terrace (Fam)	111	4			4		28
Marvin Gardens I	121	15		12	3		13
Marvin Gardens II	24	15		12	3		13
Medina Village	83	2		2			40-13 43-14
Meirose Apartments	42	2		2			02
Metcaif Court I	60	7		6	1		28

APPENDIX C

Listing of HUD multi-family housing.
Handicap Listing

Location	NUMBER OF UNITS	HANDICAP UNITS	Handi Effic	Handi 1 Bed	Handi 2 Bed	Handi 3 Bed	CENSUS TRACK
Metcalf Court II	52	6		5	1		28
Mt. Hope Court (Fam)	36	0					31
New City Apartments (Fam)	99	0					50-05 45-04
Olney Towers	154	22	11	11			19
Oxford Place	78	8		5	3		05
Park West	100	9		8	1		01
Parkis Place	108	18	9	9			03
Pierce Manor	83	8		8			03
Pocasset Manor	82	8		7	1		16
River Edge Village	99	11		10	1		20
Roger Williams Home (Fam)	40	0					05
Scattered Sites (Fam)	252	12				12	
Stratford House	65	4		4			02
Sunset Village	24	2		2			27
The Colony	17	0					03
The Renaissance	105	0					09
University Heights (Fam)	102	0					31
Villa Excelsior	76	2			1	1	31
Westminster Place	149	15		14	1		07
Wiggin Village (Fam)	285	0					12
===== Total:	7633	366	36	248	58	23	=====
Count:	70						

APPENDIX D

TABLE E Methodology

To estimate the physically disabled, income eligible population of Providence over the next few years a projection methodology was developed to determine the size of the disabled population in 1989 and 1994. The totals arrived at by this method are NOT to be assumed to be that portion of the disabled population that would need a wheelchair accessible dwelling unit. They are, rather, that broad group that covers all degrees of physical disability.

The three source documents used in this analysis were:

(A) U.S. Census, 1980

(B) Rhode Island Census of Disabled Persons, 1980 This document was compiled by The Governor's Committee on Employment of the Handicapped.

(C) D&B - Donnelley Demographics, 1988 This file is produced annually by Donnelley Marketing Information Services, a company of the Dun & Bradstreet Corporation. Donnelley Marketing Information Services has developed its own system for estimating current-year demographics and projecting demographic trends five years into the future.

The following steps were carried out:

1. Establish disabled population for Prov, 1980
21.8% (B) of 156,804 (A) = 34,183
2. Estimate portion of Providence population, 1980, at or below 80% of Median Income.
 - a. Median HH income, 1980 = \$11,545 (A)
 - b. 80% of Median HH income, 1980 = \$9,236 (A)
 - c. Estimate # of HH's earning at or below \$9,236 = 29,000 HH's, Prov, 1980 (A)
 - d. Estimate portion of HH's at or below 80% of median income = $29,000 / 60,157$ (1. total # of HH's in Prov., 1980) $\times 100 = 48.2\%$
 - e. Convert HH figure in 2.d. to a population figure:
Multiply 29,000 \times 2.4 (average HH size in Prov, 1980, (A) to obtain number of people at or below 80% median income = 69,600 people

3. Estimate the proportion of Providence disabled population, 1980, at or below 80% of median income:
 - a. Estimate disabled population of Providence by multiplying the actual population 156,804 (A) x 21.8%. the estimated % of the Providence population which is disabled (B) = 34,183
 - b. Hold constant the relationship of income eligible and disabled individuals to all income eligible individuals in the general population: apply 48.2% (2.d. estimate portion of HH's at or below 80% of median income) to the number of disabled individuals in Prov., 1980 (34,183)
 $34,183 \times .482 = 16,476$
4. Estimate that portion of the eligible, disabled population which is physically disabled, (not health or mentally disabled): multiply that estimated portion of the disabled population, 53.8% (B) by the estimated number of disabled people, 16,476 = 8,864.
5. For 1989 estimate of income eligible, physically disabled people:
 - a. Hold constant the 1.6% estimated increase in the general population (C) to the income eligible population: $16,476 \times 1.016 = 16,740$
 - b. Multiply 16,740 x 53.8% as in Step 4 = 9,006
6. For 1994 projection of income eligible, physically disabled people:
 - a. Hold constant the .33% (C) increase in population
 $16,740 \times 1.0033 = 16,795$
 - b. Multiply 16,795 x 53.8% as in Step 5.b. = 9,036