Project Name:

FHA/Project# /

Section 8/PAC/PRAC# /

ADDENDUM B

PART A

OCCUPANCY/ACCESSIBLE UNITS/PROGRAM ACCESSIBILITY

Authority:
Section 504 of the Rehabilitation Act of 1973 (24CFR Part 8)
Fair Housing Act/Title VIII Regulations (24 CFR Part 100.200)
Uniform Federal Accessibility Standards (UFAS) (24 CFR Part 40)
Regulatory Agreement

For this Section, the reviewer must forward the form along with the instructions for completion to the owner/agent prior to the on-site review. For subsidized projects, the owner/agent must complete the project information above and the information in Sections I, II, and III below. (See attached instructions.) For unsubsidized projects, the owner/agent must complete the project information above and Sections I and II only. Section III consists of Section 504 compliance, which does not apply to projects that do not receive federal financial assistance. The reviewer will obtain the completed form from the owner/agent during the on-site review.

SECTION I – OCCUPANCY

1. This property was designed primarily for: ☐ Exclusively Elderly ☐ Exclusively Disabled ☒ Elderly and Disabled ☐ Family	2. Indicate the number of units currently occupied by client groups below Exclusively Elderly - 0 Exclusively Disabled - 0 Elderly/Disabled - 100 Near-Elderly Disabled - 0 Family - 0
3. Is there a use agreement or any other document that indicates that this project must serve only elderly tenants? ☐ Yes ☒ No ☐ Unknown If yes, specify type of document: _____ Effective Date: _____ **(Please attach a copy of the document(s) indicated above.)** If yes, remember to obtain a copy of document	
4. If this project is a "covered Section 8 housing project" (see instructions), is there an occupancy preference for the elderly in accordance with **Section 651** of Title VI, Subtitle D of the Housing and Community Development Act of 1992? (**Refer to HUD Handbook 4350.3, REV-1**) ☐ Yes ☒ No (**Note**: If yes is checked, item a, b and c below **must** be filled in.) If No, proceed to question 5.	
If yes, please indicate: a. the date of the elderly preference: _____ b. the number of units that must be reserved for occupancy by non-elderly persons with disabilities _____, and, c. the date used to determine the number of units reserved for non-elderly persons with disabilities _____	
5. Is there an occupancy restriction for the elderly in accordance with **Section 658** of Title VI, Subtitle D of the Housing and Community Development Act of 1992? (**Refer to HUD Handbook 4350.3, REV-1**) ☐ Yes ☒ No	

6. Total Number of Units Exclusively for the Elderly	7. Total Number of Units Exclusively for Persons with Disabilities	8. Total Number of Units that must be occupied only by Non-Elderly Persons with Disabilities
0	0	0

I certify that this information is true and accurate.

Warning: HUD will prosecute false claims and statements. Convictions may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Signature of Owner The "owner's" signature is required. (HUD will not accept authorized agents or POA)	Date: The "date" must be entered here

Sample

Project Name:

FHA/Project# / Date of Review:

Section 8/PAC/PRAC# / REMS#

ADDENDUM B

SECTION II – ACCESSIBLE UNITS

Distribution of all wheelchair and other accessible units in the project.

Bedroom Size	0	1	2	3	4	5	Other	Total
1. All units	0	100	0	0	0	0	0	100
2. Total units with project-based rental assistance	0	100	0	0	0	0	0	100
3. Mobility *accessible* units	0	20	0	0	0	0	0	20
4. Vision and/or Hearing *accessible* units	0	0	0	0	0	0	0	0
*5. (Total Accessible Units)	0	20	0	0	0	0	0	20
6. Number of persons on waiting list who have requested *accessible* units	0	32	0	0	0	0	0	32
7. Number of accessible units *occupied* by elderly or family tenants	0	0	0	0	0	0	0	0
8. Number of *accessible* units occupied by non-elderly tenants with disabilities who require the features of the unit	0	10	0	0	0	0	0	10
9. Number of *accessible* units occupied by elderly tenants with disabilities who require the features of the unit	0	10	0	0	0	0	0	10
10. Percentage of Total Units with Project-Based Rental Assistance (Total line 2 divided by Total line 1 x 100) 100 %								
11. Percentage of Total Units that are mobility accessible (Total line 3 divided by Total line 1 x 100) 20 %								
12. Percentage of Total Units that are vision and/or hearing accessible (Total line 4 divided by Total line 1 x 100) 00 %								

***If a unit is both mobility accessible and vision or hearing accessible, count the unit only once in line 5.**

I certify that this information is true and accurate.	
Warning: HUD will prosecute false claims and statements. Convictions may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)	
Signature of Owner The "owner's" signature is required. (HUD will not accept authorized agents or POA)	Date: The "date" must be entered here

Sample

Project Name:

FHA/Project# / Date of Review:

Section 8/PAC/PRAC# / REMS#

ADDENDUM B

SECTION III – PROGRAM ACCESSIBILITY
SECTION 504 OF THE REHABILITATION ACT OF 1973

Section 504 Coordinator [24 CFR 8.53 (a)]

1. Does the recipient (as defined in 24 CFR 8.3) employ at least 15 employees?

☐ Yes ☒ No (**Note:** If yes, #2 **must** be filled in along with the name and telephone number).

If "Yes", answer Question 2.; **If "No" skip to Question 3.**

2. Is at least one person designated to coordinate its Section 504 responsibilities?

☐ Yes ☐ No ☐ N/A

If YES, provide the person's name and telephone number below.

Name: _____

Telephone Number: _____

Program Accessibility Under Section 504, a federally assisted Housing Development is required to ensure that its program is usable by and accessible to persons with disabilities. This includes, but is not limited to, maintaining housing and non-housing facilities that are structurally accessible for persons with disabilities. The extent to which facilities must be structurally accessible depends in part, on whether they are new, altered, or existing. In addition, owner/agents are required to ensure that effective communication methods are used while communicating with persons with disabilities.

	YES	NO	COMMENTS
3. Has the owner/agent taken steps to ensure effective communication using:			
a. Qualified sign language and oral interpreters?	☒	☐	
b. Readers?	☒	☐	
c. Use of tapes?	☒	☐	
d. Braille materials?	☐	☒	
Other (Describe):	☒	☐	TTY Number is available for the hearing impaired.

I certify that this information is true and accurate.

Warning: HUD will prosecute false claims and statements. Convictions may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Signature of Owner	Date:
The "owner's" signature is required. (HUD will not accept authorized agents or POA)	The "date" must be entered here

Sample

Project Name:

FHA/Project# / Date of Review:

Section 8/PAC/PRAC# / REMS#

ADDENDUM B

INSTRUCTIONS FOR COMPLETING PART A

General instructions: Complete the project name, FHA/project number, and section 8/pac/prac information in the form header for each page:

SECTION I - Owner/Agent must respond to all questions in this section.

1. Check the appropriate box that the project was designed to serve. **(Check only one box. Do not leave blank.)**

   Exclusively Elderly - defined as a person 62 years of age or older. (This option is for projects that were designed to serve only elderly persons/families, i.e. Section 202 PRAC properties)

   Exclusively Disabled – Refer to HUD Handbook 4350.3, REV-1, Figure 3-6 for the applicable definition of disability. (This option is for projects that were designed to serve only persons with disabilities, i.e., Section 202/8 Projects for the Disabled and Section 811 projects. Please note that Section 202-8 Projects for the Disabled were developed to serve only non-elderly persons with disabilities. However, the Section 811 Projects were developed to serve persons with disabilities regardless of age as long as the minimum age requirement (age 18) is met.)

   Elderly and Disabled – defined as a property that serves the elderly and non-elderly persons with disabilities. (This option is for projects that were originally designed to serve only elderly persons/families, however the owner may have elected a preference under Section 651 of Title VI, Subtitle D of the Housing and Community Development Act of 1992 (Title VI-D) to reserve a percentage of units for non-elderly persons with disabilities in accordance with the provisions of Section 652, Title VI-D. See instruction 4 below for Section 651 definition.)

   Family – defined as all persons regardless of age or disability. (This option is for projects that serve all families with no restrictions or preferences as long as the minimum age requirement is met. Please note that family projects may have some units that are reserved for persons with mobility/vision/hearing impairments which would require the applicant to meet the needs of the unit.)

2. Enter the number of units occupied by each client group. (Please note that the term "near-elderly disabled" is defined as a person who is at least 50 years of age and below the age of 61 with a disability as defined in HUD Handbook 4350.3, REV-1.) **(Enter zero "0" if there are no units occupied by the listed client group – do not leave blank)**

3. If there is a use agreement or other document that references that the property must serve only elderly persons, answer "Yes", indicate in the space provided, and attach a copy of the document(s) listed. If there is no use agreement or other document that references that the property must serve only elderly persons, answer "No". If you are unclear on the term "use agreement," or are not able to locate the "use agreement" or any other document that defines the occupancy of your project, the answer is "unknown". Other documents include the regulatory agreement, loan commitment papers, financial documents, bid invitation, owner's management plan, application for funding, and/or application for mortgage insurance. Please refer to HUD Handbook 4350.3, REV-1, paragraphs 3-17 and 3-18. If you do not have a copy of HUD Handbook 4350.3, REV-1, copies can be obtained from www.hudclips.org or the HUD Customer Service Center at (800) 767-7468. (**Do not leave blank).**

4. Section 651 of Title VI-D permits an owner to give *preference to elderly families if (1) the project was originally developed to serve the elderly and (2) it is a "covered Section 8 housing project." "Covered Section 8 housing projects" are projects that were constructed or substantially rehabilitated pursuant to assistance provided under section 8(b)(2) of the United States Housing Act of 1937, as in effect before October 1, 1983, that are assisted under a contract for assistance under such section.

*A "preference" allows an owner to give priority to elderly persons when selecting tenants for occupancy.

Section 651 of Title VI-D applies to the following programs:

- The Section 8 New Construction Program, 24 CFR part 880
- The Section 8 Substantial Rehabilitation Program, 24 CFR part 881
- The State Housing Agencies Program (insofar as it involves new construction and substantial rehabilitation) , 24 CFR part 883
- The New Construction Set-Aside for Section 515 Rural Rental Housing Projects Program, 24 CFR part 884
- The Section 8 Housing Assistance Program for the Disposition of HUD-Owned Projects (insofar as it involves substantial rehabilitation), 24 CFR part 886 subpart C

"Covered Section 8 housing projects" **do not** include those developed with funding under the following programs:

Section 202;
Section 202/8;
Section 202 or 811 PRAC;
Section 221 (d)(3); and/or
Section 236.

If an owner elects a Section 651 preference for the elderly, the owner must reserve a number of units for non-elderly persons/families with disabilities. Title VI-D requires that the owner review the occupancy records on January 1, 1992 and October 28, 1992 (the date of enactment for Title VI-D), determine the number of non-elderly persons with disabilities that occupied units on those two dates, take the higher of the two numbers and then take the lesser of that number and 10 percent.

For example, an owner has a "covered Section 8 project" that consists of 100 units and decides to implement an elderly preference under Section 651. The first thing the owner has to do is find the occupancy records for January 1992 and see how many units were occupied by non-elderly persons or families with disabilities on January 1. In this example, it was 10 units.

Sample

Project Name:

FHA/Project# / Date of Review:

Section 8/PAC/PRAC# / REMS#

ADDENDUM B

Then the owner must find the occupancy records for October 1992 and see how many units were occupied by non-elderly persons/families with disabilities on October 28th (the date of the enactment of the Act). In this example it was 15 units.

To obtain the number of units that must be reserved for non-elderly disabled persons or families, the owner must take the higher number of the two dates (January 1, 1992 and October 28, 1992), which, in this example is 15.

Then the owner must compare that number with 10 percent of the total project units (in this example, it's 10) and use the lower number for the number of units that must be reserved. Since 10 is less than 15, for this example the owner must reserve 10 units for non-elderly disabled persons or families.

If an owner determines that there were no non-elderly persons or families occupying units on either January 1, 1992 or October 28, 1992, the required number of units to be reserved for non-elderly persons with disabilities would be zero (0). However, owners are encouraged to exceed the number of reserved units for non-elderly persons with disabilities if the need exists in the community.

Answer question 4 as follows:

If there is an elderly preference in accordance with Section 651 of Title VI-D, answer "Yes". If there is no preference provided to elderly families, answer "No". (**Do not leave blank).**

If yes, answer the following:

(a) If there is an occupancy preference in accordance with Section 651, indicate the effective date of the preference.

(b) If there is an occupancy preference in accordance with Section 651, indicate the total number of units that must be reserved for non-elderly persons with disabilities based on the two dates above.

(c) If there is an occupancy preference in accordance with Section 651, indicate which date (see above) was used to determine the number of units that must be reserved for non-elderly persons with disabilities.

5. Section 658 of Title VI, Subtitle D of the Housing and Community Development Act of 1992 (Title VI-D) permits owners of "other federally assisted housing" to continue to restrict occupancy to elderly families in accordance with the rules, standards, and agreements governing occupancy in such housing in effect at the time the housing was developed. If (A) the project was originally developed to serve the elderly and (B) the project has continually served elderly tenants. These projects include:

Section 202 Direct Loans (prior to the Section 202 PRAC program)
Section 221(d)(3) BMIR properties (New Construction and Substantial Rehabilitation)
Section 236 properties

Answer question 5 as follows:

If there is an elderly restriction in accordance with Section 658 of Title VI-D, answer "Yes." If there is no elderly restriction and occupancy is not limited to elderly applicants, answer "No." (**Do not leave blank).**

6. If the property designates a number of units that can be occupied **only** by elderly persons, indicate the number of units. If the property does not have units that can only be occupied by elderly persons, enter zero "0". (**Do not leave blank).**
7. If the property designates a number of units that can be occupied **only** by persons with disabilities, indicate the number of units. If the property does not have units that can only be occupied by persons with disabilities, enter zero "0". (**Do not leave blank).**
8. If the property has units that must be occupied by **non-elderly** persons with disabilities, indicate the number of units. If the property does not have units that must be occupied by non-elderly persons with disabilities, enter zero "0". (**Do not leave blank).**

CERTIFICATION:
Self-Explanatory **(Must be signed and dated by the owner)**

SECTION II - Owner/Agent must respond to all questions in this section.

1. Enter the total number of units (by bedroom size) and enter total in the "Total" column. **(Total must match numbers entered for each bedroom size. Do not leave blank.)**
2. Enter the total number of units (by bedroom size) that are receiving project based rental assistance. **(Total must match numbers entered for each bedroom size. Do not leave blank.)**
3. Enter the number of mobility accessible units (by bedroom size) and enter total in the "Total" column. A mobility accessible unit is one that is located on an accessible route, and when designed, constructed, altered, or adapted, can be approached, entered, and used by individuals with physical disabilities, including those who use wheelchairs. (Although accessibility features include items such as grab bars, flashing fire alarms, widened doorways, entrance ramps, etc, this question should be answered by stating the number of subsidized units that (when constructed) are fully accessible in accordance with the Uniform Federal Accessibility Standards (UFAS) which is used to ensure compliance with Section 504 of the Rehabilitation Act of 1973. These standards were jointly developed by the General Services Administration, the Department of Housing and Urban Development, the Department of Defense, and the United States Postal Service, under the authority of sections 2, 3, 4, and 4a, respectively, of the Architectural Barriers Act of 1968, as amended, Pub. L. No.90-480, 42 U.S.C. 4151-4157. Copies of the UFAS are available from the Architectural and Transportation Barriers Compliance Board , 1331 F Street, NW, Suite 1000, Washington, D.C. 20004-1111, Telephone: (202) 272-0080, email address: info@access-board.gov. If the property is accessible in accordance with Minimum Property Standards (MPS), indicate the number of units that are MPS accessible. Unsubsidized units are not required to meet the requirements of UFAS, however those units should be counted if they are fully accessible to persons who use wheelchairs.) **(Total must match numbers entered for each bedroom size. Do not leave blank)**

Sample

Project Name:

FHA/Project# / Date of Review:

Section 8/PAC/PRAC# / REMS#

ADDENDUM B

4. Enter the number of units (by bedroom size) that are accessible for vision or hearing impairments and enter total in the "Total" column. (Refer to UFAS. See instruction number 3 above) **(Total must match numbers entered for each bedroom size. Do not leave blank)**
5. Total the units from rows 3 and 4 for each bedroom size and enter total in the "Total" column. **(Total must match numbers entered for each bedroom size. Do not leave blank.)**
6. Enter the number of persons currently on the waiting list for an accessible unit (by bedroom size) requiring the features of the unit and enter total in the "Total" column. **(Total must match numbers entered for each bedroom size. Do not leave blank.)**
7. Enter the number of accessible units (by bedroom size) that are currently occupied by elderly or family tenants and enter total in the Total column. **(Total must match numbers entered for each bedroom size. Do not leave blank.)**
8. Enter the number of accessible units (by bedroom size) occupied by non-elderly tenants with disabilities requiring the features of the unit and enter total in the "Total" column. **(Total must match numbers entered for each bedroom size. Do not leave blank.)**
(These tenants must have a mobility impairment as defined above.)
9. Enter the number of accessible units (by bedroom size) occupied by elderly tenants with disabilities requiring the features of the unit and enter total in the "Total" column. **(Total must match numbers entered for each bedroom size. Do not leave blank.)**
(These tenants must have a mobility impairment as defined above.)
10. Self-explanatory **(Do not leave blank.)**
11. Self-explanatory **(Do not leave blank.)**
12. Self-explanatory **(Do not leave blank.)**

CERTIFICATION:
Self-Explanatory **(Must be signed and dated by the owner)**

SECTION III – Owner/Agent must respond to all questions in this section. *(Not applicable to unsubsidized projects)*

1. The Section 504 Coordinator is required if the owner employs 15 or more employees in all its activities. This includes this project combined with other projects they may own and/or manage. Answer Yes or No. If yes, proceed to Question 2; if no skip to Question 3.
2. Answer Yes or No to this Question. If yes, please provide the name and telephone number of the coordinator for Section 504 related activities at the project and go to Question 3.

3.Answer Yes or No to each item and provide comments as necessary.

CERTIFICATION:
Self-Explanatory **(Must be signed and dated by the owner)**

Sample