**Please email this form and relevant attachments by 11/12/13 to** **amy.stitely@state.ma.us**

**No scans or faxes, please.**

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| **GENERAL INFORMATION** |
| LHA Name |   |  Date |  |
| LHA Contact |  | Contact Phone  |  |
| Contact Title |  | Contact Email |  |

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| **LHA’s STATE-AIDED PORTFOLIO** |
| **PROGRAM** | **Total Number of Units**  | **Number of Units by Type** |
| **Studio** | **1-BR** | **2-BR** | **3-BR** | **4-BR** | **5-BR** |
| Ch. 200 Family |  |  |  |  |  |  |  |
| Ch. 705 Family |  |  |  |  |  |  |  |
| Ch. 667 Elderly |  |  |  |  |  |  |  |

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| ***FULLY ACCESSIBLE* UNITS IN LHA’s STATE-AIDED PORTFOLIO** |
| **PROGRAM** | **Total Number of Fully Accessible Units**  | **Number of Units by Type** |
| **Studio** | **1-BR** | **2-BR** | **3-BR** | **4-BR** | **5-BR** |
| Ch. 200 Family |  |  |  |  |  |  |  |
| Ch. 705 Family |  |  |  |  |  |  |  |
| Ch. 667 Elderly |  |  |  |  |  |  |  |

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| ***ADAPTABLE UNITS[[1]](#footnote-1)* IN LHA’s STATE-AIDED PORTFOLIO** |
| **PROGRAM** | **Total Number of Adaptable Units** | **Number of Units by Type** |
| **Studio** | **1-BR** | **2-BR** | **3-BR** | **4-BR** | **5-BR** |
| Ch. 200 Family |  |  |  |  |  |  |  |
| Ch. 705 Family |  |  |  |  |  |  |  |
| Ch. 667 Elderly |  |  |  |  |  |  |  |

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| **LHA’s FEDERAL PUBLIC HOUSING PORTFOLIO** |
| **UNIT TYPE** | **Total Number of Units**  | **Number of Units by Type** |
| **Studio** | **1-BR** | **2-BR** | **3-BR** | **4-BR** | **5-BR** |
| Family |  |  |  |  |  |  |  |
| Elderly |  |  |  |  |  |  |  |

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| ***FULLY ACCESSIBLE* UNITS IN LHA’s FEDERAL PORTFOLIO** |
| **PROGRAM** | **Total Number of Fully Accessible Units** | **Number of Units by Type** |
| **Studio** | **1-BR** | **2-BR** | **3-BR** | **4-BR** | **5-BR** |
| Family |  |  |  |  |  |  |  |
| Elderly |  |  |  |  |  |  |  |

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| ***ADAPTABLE UNITS* IN LHA’s FEDERALPORTFOLIO** |
| **PROGRAM** | **Total Number of Adaptable Units** | **Number of Units by Type** |
| **Studio** | **1-BR** | **2-BR** | **3-BR** | **4-BR** | **5-BR** |
| Family |  |  |  |  |  |  |  |
| Elderly |  |  |  |  |  |  |  |

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| **% Of LHA’s UNITS THAT ARE *FULLY ACCESSIBLE*** |
| **UNIT TYPE** | **State-Aided** | **Federal** |
| Family | X.X% | X.X% |
| Elderly | X.X% | X.X% |

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| **% Of LHA’s UNITS THAT ARE *ADAPTABLE*** |
| **UNIT TYPE** | **State-Aided** | **Federal** |
| Family | X.X% | X.X% |
| Elderly | X.X% | X.X% |

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| **# OF PEOPLE ON LHA’s ACCESSIBLE UNIT WAILIST** |
| **UNIT TYPE** | **State-Aided** | **Federal** |
| Family |  |  |
| Elderly |  |  |

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| **LITIGATION/COMPLAINTS** |
| **Below, please briefly describe any prior, pending and/or potential litigation or administrative complaints concerning lack of accessible units at LHA’s developments. Attach relevant evidence to this application.** |

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| **COMMUNITY NEED** |
| **Below, please cite any other data that demonstrates the need for more accessible public housing units in your community. Attach relevant data sources to this application.** |

If an LHA wants to create accessible units at more than one development, please fill out one copy of this page for each development.

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| **PROPOSED ACCESSIBLE UNIT PROJECT** |
| Development Name |   |
| Development Number |  |
| Development Address |  |
| Total Units at Development |  |
| **UNIT(S) AFFECTED** |
| Number of Units LHA proposes to make fully accessible |  |
| Units to be converted (e.g. 101A, 201A) |  |
| Will conversion result in net loss of units (Yes/No) |  |
| If yes, which units does the LHA propose to eliminate (e.g. 102A, 202A)? |  |
| How many households will require relocation as a result of this project? |  |
| **UNIT(S) SCOPE OF WORK** |
| **Please briefly describe accessible unit scope of work below. Attach detailed scope to application.** |
| **ADDITIONAL SCOPE** |
| **Below, briefly describe any other site/building improvements that must be included in the scope to create an accessible route[[2]](#footnote-2) from public spaces to the unit. Attach detailed scope to application.** |
| **ADA SELF-EVALUATION AND TRANSITION PLAN** |
| **Briefly describe how this project aligns with the LHA’s ADA self-evaluation and transition plan. Attach copy of plan to application.** |
| **COST ESTIMATES** |
| Estimated Construction Cost to convert unit(s) |  |
| Estimated Construction Costs of additional site/building improvements |  |
| Estimated TDC (including design and other soft costs) |  |
| Estimated TDC per unit |  |
| **ADDITIONAL FUNDING SOURCES LHA WILL CONTRIBUTE TO PROJECT** |
| **Source** | **Amount** |
|  |  |
|  |  |
|  |  |

**List of Attachments to include in application:**

1. REQUIRED: Detailed scope of work that backs up project cost data.
2. REQUIRED: Copy of LHA’s ADA self-evaluation and transition plan.
3. OPTIONAL, AS APPLIES: Evidence of prior, pending, or potential litigation or administrative complaints concerning lack of accessible units.
4. OPTIONAL: Other data that supports need for accessible units at LHA/community.
1. An "adaptable unit" is one that meets the minimal accessibility requirements specified in the Fair Housing Act (i.e., usable doors, an accessible route, accessible environmental controls, and usable kitchens and bathrooms) and the "adaptable" structural feature of reinforced bathroom walls for later installation of grab bars). “Group 1 units” under the Massachusetts Architectural Access Board regulations (521 CMR) are subject to substantially similar standards as the Fair Housing Act and are considered “adaptable” as well. [↑](#footnote-ref-1)
2. Accessible route means a continuous unobstructed path connecting accessible elements and spaces in a building or within a site that can be used by persons with disabilities, including persons in wheelchairs.  Interior accessible routes may include corridors, floors, ramps, elevators and lifts. Exterior accessible routes may include parking access aisles, curb ramps, walks, ramps and lifts. [↑](#footnote-ref-2)