



**District of Columbia**  
**Department of Housing and Community Development**  
**Office of Program Monitoring – Fair Housing Division**

**Section 504 Project Certification Form**

**(Housing & Facilities Projects)**

*(Completed form to be submitted at time of application)*

The Department of Housing and Community Development (DHCD), under regulations from the U.S. Department of Housing and Urban Development (HUD) and applicable local laws, requires that each applicant for federal and/or District of Columbia funds sign the “Section 504 Certification Form” which indicates the subrecipient’s (authorized official for the respective organization) acceptance to:

- (1) Comply with all applicable regulations,
- (2) Incur all costs required for compliance with the applicable regulations,
- (3) Be subject to DHCD monitoring for compliance, and
- (4) Accept any applicable penalties for noncompliance.

**Signature and Certification:**

The undersigned certifies to DHCD that it has read and understands all of its obligations under the Section 504 requirements. The undersigned acknowledges that this certification will be relied upon by DHCD in its review and approval of proposal for funding and any misrepresentation of information or failure to comply with any conditions proposed in this certification could result in penalties, including the disbarment of Applicant for a period of time from participation in DHCD administered programs.

\_\_\_\_\_  
Name and address of Project

\_\_\_\_\_  
Applicant (Organization Name)

\_\_\_\_\_  
Representative Name & Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
General Contractor Name & Signature (If applicable)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Architect Name & Signature (If applicable)

\_\_\_\_\_  
Date

**Notice of Non-Discrimination:** *In accordance with the D.C. Human Rights Act of 1977, as amended, D.C. Official Code Section 2-1401.01 et. seq., (Act) the District of Columbia does not discriminate on the basis of actual or perceived: race, color, religion, national origin, sex, age, marital status, personal appearance, sexual orientation, gender identity or expression, familial status, family responsibilities, matriculation, political affiliation, genetic information, disability, source of income, status as a victim of an intrafamily offense, or place of residence or business. Sexual harassment is a form of sex discrimination which is prohibited by the Act. In addition, harassment based on any of the above protected categories is prohibited by the Act. Discrimination in violation of the Act will not be tolerated. Violators will be subject to disciplinary action.*





## Section 504 Project Compliance Checklist

*(Used for monitoring purposes of Compliance with Section 504 of the Rehabilitation Act of 1973)*

Date of preparation: \_\_\_\_\_

Grant year (Fiscal year): \_\_\_\_\_

### 1. Project Name & Location

Recipient Name:	Project Name:	
Project Address & Ward:		
Project Manager:	Mngt Co.:	Tel. #:
Property Owner:		Tel. #:

### 2. Project Activity:

**Acquisition Only**      If you have checked this box, then you **DO NOT** have to complete the Compliance Checklist. However, you are still bound by the Section 504 accessibility regulations and compliance requirements for **all** future rehabilitation/alteration work on this project, irrespective of funding source.

<p><b>Housing/residential</b> Check all that apply</p> <p><input type="checkbox"/> <input type="checkbox"/> New Construction</p> <p><input type="checkbox"/> <input type="checkbox"/> Rehabilitation</p> <p><input type="checkbox"/> <input type="checkbox"/> Scattered Site</p> <p><input type="checkbox"/> Multifamily</p>	<p><b>Facilities/Commercial</b>      Check all that apply</p> <p><input type="checkbox"/> New Construction      <input type="checkbox"/> Rehabilitation</p> <p><input type="checkbox"/> Commercial/ Façade      <input type="checkbox"/> Other _____</p> <p><input type="checkbox"/> Facility Type: _____</p> <p><input type="checkbox"/> Services provided at the Facility Site: _____</p> <p>_____</p>
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### 3. Project Type & Accessibility Compliance

(Check all that apply)

A. Is your project category? -	<b>RENTAL</b>	<b>SALES</b>	<b>FACILITY</b>	
B. Is the <u>Rental/Sales/Mngt</u> office location wheelchair accessible?	YES	NO	N/A	
Is the <u>Facility</u> office location wheelchair accessible?	YES	NO	N/A	
If not, why not? _____				

### 4. Program (Multifamily/Facility) Services      N/A, check and proceed to Q. #5

A. Do you provide program training or any other direct public service on-project site?	YES	NO	N/A
B. Is your program facility wheelchair accessible?	YES	NO	N/A
If not, do you have alternate wheelchair-accessible program sites?	YES	NO	N/A
C. Total number of wheelchair accessible program sites? _____			

D. What alternate methods do you employ to make your program accessible to persons with MOBILITY impairments?

\_\_\_\_\_

E. Do you use alternate methods of communication to provide your services to prospective clients with Vision or Hearing impairments?                    YES                    NO                    N/A                    (Check all that apply)

1. LARGE FONT Materials \_\_\_\_

2. RECORDED (CD) Materials \_\_\_\_

3. SIGN LANGUAGE interpreter \_\_\_\_

4. Other: \_\_\_\_\_

5. If not, why not? \_\_\_\_\_

**5. Residential Project Compliance**

**N/A, check and proceed to Q.#6**

This section is to be completed by all subrecipients receiving financing for housing related projects. If the project is a **Facility or Commercial ONLY**, please proceed to .

**A. New Construction**

**N/A, check and proceed to Part B**

**1. Project Type:**

Select: (1) \_\_\_\_\_ (2) \_\_\_\_\_

Total Project # of buildings/Townhouses/Homes: \_\_\_\_\_

Number of Scattered Site locations (if any): \_\_\_\_\_ Units per Site location: \_\_\_\_\_

Total # of \_\_\_\_\_ with an Accessible first level plan and front entrance \_\_\_\_\_

**2. Type of Apartment/Condominium Project and Dwelling Units:**

Select: (1) \_\_\_\_\_ Total # of Units: \_\_\_\_\_ Total # UFAS Units: \_\_\_\_\_

Select: (2) \_\_\_\_\_ Total # of Units: \_\_\_\_\_ Total # UFAS Units: \_\_\_\_\_

**NOTE:** *New developments are required to have a minimum of **five percent (5%)** of total dwelling units or at least one unit, whichever is greater, accessible for persons with mobility impairments and **an additional two percent (2%)** of the units must be made accessible for persons who have hearing or vision impairments.*

**3. Retail/Commercial Space within Residential Project**

Is there **retail/commercial** space on the premises?                    YES                    NO                    N/A

If yes, what type? \_\_\_\_\_

Is there an accessible entrance from the \_\_\_\_ Street, \_\_\_\_ Lobby?                    YES                    NO                    N/A

**B. Substantial Rehabilitation**

**N/A, check and proceed to Part C**

1. This section applies if the Project has 15 or more total dwelling units.

If yes, state how many \_\_\_\_\_ and complete the **Replacement Cost Worksheet** below to determine if .the cost of the alteration is **75 percent** or more of the replacement cost of the completed property.

**NOTE: Replacement Cost** is the current cost of “construction and equipment” for a newly constructed housing facility of the size and type being altered. Please provide cost of a comparable site, including name and address of property.

\_\_\_\_\_

What is the **Total Project Cost**? \$ \_\_\_\_\_ Cost of a **comparable** housing facility \$ \_\_\_\_\_

## Replacement Cost Worksheet

The following costs will not be considered in the calculations of "construction and equipment" cost.

- |  |          |
|--|----------|
| 1. Cost of <b>land</b> (if applicable)   | \$ _____ |
| 2. Cost of Demolition (if applicable)  | \$ _____ |
| 3. Cost of Site Only Improvements (i.e., grading, sidewalks, site drainage, etc.)  | \$ _____ |
| 4. Cost of Non-dwelling facilities (i.e., parking lots, laundry rooms, elevators, day-care facilities, retail space, etc.)   | \$ _____ |
| 5. Cost of Administrative Costs (i.e., Architects, legal (financial or acquisition), site/civil engineering, Surveyor, etc.) | \$ _____ |
| 6. <b>TOTAL (Add 1 through 5)</b>  | \$ _____ |
| 7. <b>SUBTRACT</b> Worksheet Total (line 6) from <b>Total Project Cost</b>   | \$ _____ |

If line 7 totals **75 % or more** of the Replacement Cost of a completed property, then the New Construction guidelines apply. A **minimum of 5% wheelchair accessible units and 2% hearing and vision accessible units are required.**

Total of **UFAS** wheelchair accessible units after Substantial Rehabilitation: \_\_\_\_\_

If line 7 totals **less than 75 percent** of the Replacement Cost of a completed property,

If line 7 of the Replacement Cost Worksheet totals **Less Than 75%** of the Replacement Cost of a completed property, or the project has fewer than 15 units, then the **Other Alterations/ Rehabilitation/ Modification** applies. Applicant shall, to the maximum extent feasible, make alterations to dwelling units accessible to ensure that 5% of the units are readily accessible to and usable by individuals with mobility disabilities and an additional 2% of the units accessible for hearing and visually impaired individuals.

**NOTE:** If the total cost of ALL alteration in a 12-month period amounts to **50 percent or more** of the value of the building, then an accessible route from public transportation, parking, streets, and sidewalks to all accessible parts of the building; an accessible entrance; and accessible restrooms must be provided (§4.1.6(3))

### C. Other Alterations/Rehabilitation/Modification \_\_\_\_\_ N/A, check and proceed to Q. #6

Section 504 requires that if a development (regardless of the number of units) is making modifications which go beyond normal maintenance, but which do not fall into the category of substantial alterations (either because of cost or the development has less than 15 units), then the requirements of **24 CFR 8.23(b) - Other Alterations** apply.

**Other Alterations:** "Alteration" is defined under Section 504 as "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."

Alterations to dwelling units shall, to the maximum extent feasible, be made **readily accessible to and usable** by individuals with disabilities; up until a point where at least 5% of the units in a project are accessible.

If alterations to single elements or spaces of a dwelling unit, when considered together, amount to an alteration of a dwelling unit, **the entire unit shall be made accessible**. Alteration of an entire unit is considered to be when at least all of the following individual elements are replaced:

1. Element 1: Does your project entail renovations of whole kitchens, or at least replacement of kitchen cabinets; \_\_\_\_\_ **and**
2. Element 2: Does your project entail renovation of the bathroom, or at least replacement or addition of a bathtub or shower, or replacement of a toilet and flooring; \_\_\_\_\_ **and**

3. Element 3: Does your project entail replacement of entrance door jambs. \_\_\_\_\_

If you answered YES to all of the above questions, then the entire unit(s) must be made accessible.

4. How many total units will have all of the three individual elements replaced/renovated/altered? \_\_\_\_\_

**NOTE:** When the entire unit is not being altered, **100 percent of the single elements being altered must be made accessible** until 5% of the units in the development are accessible.

5. Are single elements in compliance with UFAS guidelines for alterations of single elements? \_\_\_\_\_

If not, explain why? \_\_\_\_\_

**NOTE:** DHCD strongly encourages a recipient to make 5% of the units in a development readily accessible to and usable by individuals with mobility impairments, since that will avoid the necessity of making every element altered accessible, which often may result in having partially accessible units which may be of little or no value for persons with mobility impairments. It is also more likely that the cost of making 5% of the units accessible up front will be less than making each and every element altered accessible. Alterations must meet the applicable sections of the UFAS which govern alterations.

## 6. Facilities/Commercial Project Compliance

Sec 504 and American with Disabilities Act (ADA) – Title II (public) & III (private) Compliance Regulations Apply

This section is to be completed by all subrecipients receiving financing for Facility or Commercial type projects and for housing residential projects with a facility/commercial component. All the applicable requirements of nondiscrimination, program accessibility, and reasonable accommodation under the above laws apply to the construction and operation of non-housing facilities and programs.

### A. New Construction -Commercial

\_\_\_ **N/A, check and proceed to Part B.**

**Non-housing facilities, under new construction,** must be designed with the intent of making them readily accessible to and usable by persons with disabilities. The primary issue with accessibility is physical access to facilities (e.g., getting through the door from public sidewalks).

1. a. Type of business: \_\_\_\_\_ 1b. No. of Commercial Establishments: \_\_\_\_\_
2. a. Total No. of Parking Spaces: \_\_\_\_\_ 2b. Total No. of **accessible** parking Spaces: \_\_\_\_\_
3. Is there an **accessible route** and entrance to the facility? \_\_\_\_\_  
If not, please explain why: \_\_\_\_\_
4. Does each commercial site have an accessible entrance? \_\_\_\_\_  
If not, please explain why: \_\_\_\_\_
5. a. Are there fully accessible bathrooms on every floor? \_\_\_\_\_ b. No. of accessible bathrooms per floor: \_\_\_\_\_
6. Has the facility been designed and constructed to ensure the removal of any barriers to persons with disabilities? \_\_\_\_\_

### B. Alterations: Commercial

**N/A, check and proceed to Part C**

**Non-housing facilities receiving alterations** have to be made accessible to and usable by the disabled **to the maximum extent feasible.** Though recipients have limited options for full compliance due to financial and administrative burdens imposed by making the facility accessible and usable *to the maximum extent feasible*; the recipient(s) must come up with some means to make the project accessible.

1. In areas which cost 50 percent or more of the building's value, do you have an accessible path of travel to areas undergoing substantial alterations? \_\_\_\_\_, If not, why not: \_\_\_\_\_
2. Is there an accessible entrance in areas undergoing alterations? \_\_\_\_\_, If not, why not: \_\_\_\_\_
3. Are common use areas in the facility such as telephones, restrooms, and drinking fountains accessible? \_\_\_\_\_

If not, why not: \_\_\_\_\_

**C. Barrier Removal-Commercial**

**N/A, check and proceed to Q. #7**

Standards for barrier removal in existing facilities differ from those in new construction, given the cost of making facilities accessible to those with disabilities. Due to the cost of renovating existing facilities less accessibility is required; however, newly constructed or altered facilities have more stringent requirements because the accessibility that is federally necessary can be implemented during the design and construction stages of development which would not be as costly.

Recipients must remove architectural and communications barriers in existing facilities if possible. This includes communication barriers that are an integral part of the physical structure of a facility such as:

- Barriers posed by permanent signs or alarm systems
- The failure to provide adequate sound buffers
- The presence of physical objects that impede the passage of sound waves

Have all applicable factors been adhered to in making a determination of barrier removal? \_\_\_\_\_

If not, why not: \_\_\_\_\_

**7. Visitability**

Visitability is a design concept, which for very little or no additional cost enables persons with disabilities to visit relatives, friends, and neighbors in their homes within a community. Visitability expands the availability of housing options for individuals who may not require full accessibility. It also assists project owners in making reasonable accommodations and reduces, in some cases, the need for structural modifications or transfers when individuals become disabled in place. Visitability will also improve the marketability of units.

DHCD encourages its funding recipients to incorporate in their design, construction and alterations, the concept of visitability **in addition** to the requirements under the Fair Housing Act and Section 504.

**Design Considerations**

Visitability design incorporates the following in all construction or alterations, in addition to the applicable requirements of Section 504 and the Fair Housing Act, whenever practical and possible for as many units as possible within a development:

1. Provide a 32" clear opening in all bathroom and interior doorways.
2. Provide at least one accessible means of egress/ingress for each unit.

Has project been constructed to allow for easy wheelchair maneuverability to and from individual units to neighboring units within the development? \_\_\_\_\_

Has the development been designed to allow a wheelchair rider in the community to easily access the home of and navigate into and about the unit of a neighbor within the development? \_\_\_\_\_

*NOTICE: Legislation introduced in the U.S. House of Representatives on March 10, 2009 called the Inclusive Home Design Act (IHDA), if passed, it will require that all newly-built single-family homes and townhouses receiving federal funds meet four specific standards: (1) Include at least one accessible ("zero step") entrance into the home; (2) ensure all doorways on the main floor have a minimum of 32 inches of clear passage space; (3) build at least one wheelchair accessible bathroom on the main floor; and (4) place electrical and climate controls (such as light switches and thermostats) at heights reachable from a wheelchair*

I assert that all project information submitted herein is accurate based on application submitted to DHCD for funding.

**Name & Title of Applicant representative:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_