POLICY OF NON-DISCRIMINATION ON THE BASIS OF DISABILTIY/HANDICAP STATUS

The Housing Authority City of Kennewick (KHA) complies with the Fair Housing Amendments Act of 1988, Section 504 of the Rehabilitation Act of 1973, and the Americans with Disabilities Act (ADA). KHA will comply with any legislation and implementing rules and regulations protecting the individual rights of tenants, applicants, and/or staff that may subsequently be enacted.

The Fair Housing Amendments Act states, in part: "It shall be unlawful for any person to refuse to make reasonable accommodations in rules, policies, practices, or services, when such accommodations may be necessary to afford a handicapped person equal opportunity to use and enjoy a dwelling unit, including public and private use areas."

Section 504 of the Rehabilitation Act of 1973 (as amended) prohibits federally funded programs and activities from discriminating against qualified persons with disabilities. Specifically, Section 504 states: "No otherwise qualified handicapped individual in the United States...shall, solely by reason of his disability, 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, or under any program or activity conducted by any executive agency or by the United States Postal Service."

Title II of the Americans with Disabilities Act (ADA) and the regulations implementing that title extend the protection of Section 504 to all activities of "public entities," state and local governments, regardless of whether they receive federal funding.

ANGELA FRAGOZO
504/ADA COORDINATOR
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KENNEWICK, WA. 99336
(509) 586-8576 Ext. 112
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The person listed above has been designated to coordinate the Agency's compliance with the non-discrimination requirements of Section 504 of the Rehabilitation Act of 1973 and with the Americans with Disabilities Act.

Complaints, questions, and comments should be directed to **ANGELA FRAGOZO** at the address and/or telephone numbers listed above.

I, _____, have received a copy, reviewed and understand the KHA's Policy of Non-Discrimination on the Basis of Disability/Handicap Status.

☞_____ _____

Signature of KHA Employee Date

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