

## APPENDIX C

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## **SAMPLE AUDITOR TRAINING OUTLINE**

## **SAMPLE AUDITOR TRAINING OUTLINE**

Note: In advance of this training session, auditors should have received and read the report entitled “Fair Housing Law: Zoning and Land Use Issues” and the paper entitled “Additional Background Information” (both are in Appendix A).

The following is a suggested outline for auditor trainers to follow:

- I. Welcome and introductions.
- II. Did you receive the background material? Did you have a chance to read it? Do you have any questions about what you read?
- III. Go over audit instructions and audit forms. Auditors should ask questions—and be asked questions—and given answers to clarify purpose of audit and how it should be conducted. Emphasis should be placed on responsibility of the auditor to ensure that the audit is accurate and complete.

Based on the questions asked by the auditors, trainers should write down areas that need clarifying, as this information will be useful later when evaluating the audit tool and process.

### IV. Procedures

The audit consists of the following steps. Additional steps may be necessary depending on the circumstances. The project director and/or the audit supervisor will make that decision. All sample forms and documents are in Appendix C.

- a. Auditor calls the jurisdiction to find out zoning counter hours and location and whether an appointment is needed.
- b. Auditor goes to the zoning counter and follows instructions on Part A: Zoning as modified to suit project particulars.
- c. Auditor reviews zoning code and flags pages to be copied.
- d. Auditor asks staff person questions contained in Interviewee Questionnaire Part A.
- e. Auditor obtains copies of relevant planning documents (in California these are the General Plan Land Use and Housing Elements and the Consolidated Plan, including the Assessment of Impediments to FairHousing Choice). (See Appendix C for Part B: General Plan and Other Documents.)
- f. Auditor reviews the planning documents. Auditor may choose to review the documents while at the jurisdiction’s planning department or later elsewhere.

- g. Auditor asks appropriate staff person follow-up questions, as necessary, after reviewing planning documents. Auditor uses Interviewee Questionnaire Part B.
- h. Auditor uses Audit Supplemental Answer Sheet as needed to record additional information.
- i. Auditor completes the Audit Report Worksheet based on information obtained from audit interviews and jurisdiction's written materials.
- j. Using the Audit Report Worksheet, auditor drafts a brief report for jurisdiction summarizing findings of fair housing audit. (See Appendix C for Sample Audit Report for Jurisdiction.)
- k. Auditor goes over draft audit report with audit supervisor.
- l. Upon approval of audit supervisor, auditor writes final audit report and submits it and audit materials to audit supervisor.

#### V. Guidelines

- a. Finish one audit before you do the next one.
- b. Be sure to put name of jurisdiction on each page of material, including code sections, etc., if it is not already on it.
- c. Keep in mind the purpose of the audit and the importance of obtaining accurate and complete information.

#### VI. Assignments

At the conclusion of the training session, auditor-jurisdiction assignments should be made and audit forms distributed. There should be a sign-up sheet with the names and phone numbers of the auditors. Each auditor should be given the name and phone number of the audit supervisor.

**PART A: ZONING**

## PART A: ZONING

### 1. Introduction

Go to the zoning counter and, if necessary, take a ticket to be waited on. When a staff person comes to help you, explain the following:

(Hand the staff person your business card.) My name is ... I am conducting a fair housing audit funded by the U. S. Department of Housing and Urban Development. The focus of the audit is housing for persons with disabilities. The audit is part of the California Disability and Land Use Project. Here is a brochure which provides an overview of the Project. (Hand the staff person the brochure.)

I would like to start out by reviewing your zoning code and identifying certain sections I would like copied. Then I would like to ask you a few questions. The interview will take about 20 minutes.

### 2. Review of zoning code

Flag the pages you would like copied. This can be done with Post-It flags or with paper clips.

#### A. Definitions

- Boarding or lodging house
- Collective household
- Family
- Group home or group housing
- Handicap or disability
- Household
- Residential care facility
- Other (any other relevant definition)

Note: Other relevant definitions include: board and care home, community care facility, congregate residence, group care, residential service facility, residential support facility, and supported or supportive housing. If you cannot find a definition of group home or group housing, then you must read through the definitions for possible definitions the city may use to categorize housing for a group of persons with disabilities.

B. Use Classifications

- Single-family residential (listing of allowable uses and those permitted by conditional use permit)
- Multifamily residential (listing of allowable uses and those permitted by conditional use permit)
- Other (other relevant use classifications, such as charitable, institutional, etc.)

C. Permit Requirements and Procedures

Note: This section refers to any permits that may be required for any or all housing types serving persons with disabilities.

- Conditional or special use permit
- Other (any other relevant requirement)

3. Interview

- A. Obtain business card of interviewee.
- B. Ask questions using Interviewee Questionnaire Part A.
- C. Probe any inconsistencies between what the interviewee tells you and what is written in the zoning code.

4. Copies

Ask for copies of the relevant sections of the zoning code identified in 2A-C, above. If necessary, pay copying costs. (Be sure to get receipt for any costs paid.)

5. Conclusion

- A. Thank interviewee. Ask if it would be okay to call back later if there are more questions. Get phone number.
- B. Say that you would now like to review the General Plan Land Use and Housing Elements and then obtain copies of the Consolidated Plan and Assessment of Impediments. The person at the zoning counter may have the General Plan documents for you to review. You may have to go to a different office to obtain copies of the Consolidated Plan and Assessment of Impediments. Complete Part B: General Plan and Other Documents.

**INTERVIEWEE QUESTIONNAIRE PART A**

## INTERVIEWEE QUESTIONNAIRE PART A

Name of Auditor: \_\_\_\_\_

Jurisdiction Audited: \_\_\_\_\_

Date of Interview: \_\_\_\_\_ Time: \_\_\_\_\_

Interview Location/Address: \_\_\_\_\_

Name of Interviewee: \_\_\_\_\_

Title of Interviewee: \_\_\_\_\_

Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_ e-mail: \_\_\_\_\_

Address: \_\_\_\_\_

Business card? Yes \_\_\_\_\_ No \_\_\_\_\_

Introduction: The following questions concern housing for persons with disabilities. The definition of disability includes a physical or mental impairment which substantially limits one or more of a person's major life activities.

### A. Classifications

The first questions I will be asking relate to different types of housing that persons with disabilities might choose to live in. In each case, please tell me how your city (or county) would classify the use and where it can be located. If your answer would depend on additional information, say what additional information you would need and why you would need it.

#### 1a. Single-family home

(1) Classification and zones where permitted by right

#### 1b. Single-family home shared by eight persons with disabilities

(1) Classification and zones where permitted by right

(2) Any conditional or special use permit requirement?

(3) Zones where use is allowed by CUP

(4) Are there any spacing requirements, i.e., separation requirements?

Yes \_\_\_\_\_ No \_\_\_\_\_

(5) If Yes, what is the requirement?

(6) Is it a State requirement? Yes \_\_\_\_\_ No \_\_\_\_\_

(7) Is it a local requirement? Yes \_\_\_\_\_ No \_\_\_\_\_

(8) Any other special requirements or restrictions?

(9) For each requirement mentioned above, cite ordinance section authorizing the requirement. (Obtain a copy of the cited sections.)

1c. Single-family home shared by eight persons with disabilities, with on-site assistance with some activities of daily living. (The type of assistance needed would depend upon the nature of the disability. For example, it might be assistance with bathing and dressing, or with food preparation.)

(1) Classification and zones where permitted by right

(2) Any conditional or special use permit requirement?

(3) Zones where use is allowed by CUP

(4) Are there any spacing requirements, i.e., separation requirements?

Yes \_\_\_\_\_ No \_\_\_\_\_

(5) If Yes, what is the requirement?

(6) Is it a State requirement? Yes \_\_\_\_\_ No \_\_\_\_\_

(7) Is it a local requirement? Yes \_\_\_\_\_ No \_\_\_\_\_

(8) Any other special requirements or restrictions?

(9) For each requirement mentioned above, cite ordinance section authorizing the requirement. (Obtain a copy of the cited sections.)

1d. Single-family home shared by eight persons with disabilities, with on-site assistance with some activities of daily living. Home is operated by a non-profit corporation.

(1) Classification and zones where permitted by right

(2) Any conditional or special use permit requirement?

(3) Zones where use is allowed by CUP

(4) Are there any spacing requirements, i.e., separation requirements?

Yes \_\_\_\_\_ No \_\_\_\_\_

(5) If Yes, what is the requirement?

(6) Is it a State requirement? Yes \_\_\_\_\_ No \_\_\_\_\_

(7) Is it a local requirement? Yes \_\_\_\_\_ No \_\_\_\_\_

(8) Any other special requirements or restrictions?

(9) For each requirement mentioned above, cite ordinance section authorizing the requirement. (Obtain a copy of the cited sections.)

1e. Single-family home shared by eight persons with disabilities, with on-site assistance with some activities of daily living. Home is operated by a for-profit entity.

(1) Classification and zones where permitted by right

(2) Any conditional or special use permit requirement?

(3) Zones where use is allowed by CUP

(4) Are there any spacing requirements, i.e., separation requirements?

Yes \_\_\_\_\_ No \_\_\_\_\_

(5) If Yes, what is the requirement?

(6) Is it a State requirement? Yes \_\_\_\_\_ No \_\_\_\_\_

(7) Is it a local requirement? Yes \_\_\_\_\_ No \_\_\_\_\_

(8) Any other special requirements or restrictions?

(9) For each requirement mentioned above, cite ordinance section authorizing the requirement. (Obtain a copy of the cited sections.)

1f. Single-family home shared by eight persons with disabilities, with on-site counseling but no on-site medical treatment.

(1) Classification and zones where permitted by right

(2) Any conditional or special use permit requirement?

(3) Zones where use is allowed by CUP

(4) Are there any spacing requirements, i.e., separation requirements?

Yes \_\_\_\_\_ No \_\_\_\_\_

(5) If Yes, what is the requirement?

(6) Is it a State requirement? Yes \_\_\_\_\_ No \_\_\_\_\_

(7) Is it a local requirement? Yes \_\_\_\_\_ No \_\_\_\_\_

(8) Any other special requirements or restrictions?

(9) For each requirement mentioned above, cite ordinance section authorizing the requirement. (Obtain a copy of the cited sections.)

1g. Residential facility licensed by the State, with non-medical 24-hour care and supervision for six or fewer persons. (May be called board and care home.)

(1) Classification and zones where permitted by right

(2) Any conditional or special use permit requirement?

(3) Zones where use is allowed by CUP

(4) Are there any spacing requirements, i.e., separation requirements?

Yes \_\_\_\_\_ No \_\_\_\_\_

(5) If Yes, what is the requirement?

(6) Is it a State requirement? Yes \_\_\_\_\_ No \_\_\_\_\_

(7) Is it a local requirement? Yes \_\_\_\_\_ No \_\_\_\_\_

(8) Any other special requirements or restrictions?

(9) For each requirement mentioned above, cite ordinance section authorizing the requirement. (Obtain a copy of the cited sections.)

1h. Residential facility licensed by the State, with non-medical 24-hour care and supervision for seven or more persons. (May be called board and care home.)

(1) Classification and zones where permitted by right

(2) Any conditional or special use permit requirement?

(3) Zones where use is allowed by CUP

(4) Are there any spacing requirements, i.e., separation requirements?

Yes \_\_\_\_\_ No \_\_\_\_\_

(5) If Yes, what is the requirement?

(6) Is it a State requirement? Yes \_\_\_\_\_ No \_\_\_\_\_

(7) Is it a local requirement? Yes \_\_\_\_\_ No \_\_\_\_\_

(8) Any other special requirements or restrictions?

(9) For each requirement mentioned above, cite ordinance section authorizing the requirement. (Obtain a copy of the cited sections.)

2a. Apartment building (rental units)

(1) Classification and zones where permitted by right

2b. Apartment building with some or all units for persons with disabilities, operated by a nonprofit corporation.

(1) Classification and zones where permitted by right

(2) Any conditional or special use permit requirement?

(3) Zones where use is allowed by CUP

(4) Are there any spacing requirements, i.e., separation requirements?

Yes \_\_\_\_\_ No \_\_\_\_\_

(5) If Yes, what is the requirement?

(6) Is it a State requirement? Yes \_\_\_\_\_ No \_\_\_\_\_

(7) Is it a local requirement? Yes \_\_\_\_\_ No \_\_\_\_\_

(8) Any other special requirements or restrictions?

(9) For each requirement mentioned above, cite ordinance section authorizing the requirement. (Obtain a copy of the cited sections.)

2c. Apartment building with some or all units for persons with disabilities, with on-site assistance with some activities of daily living.

(1) Classification and zones where permitted by right

(2) Any conditional or special use permit requirement?

(3) Zones where use is allowed by CUP

(4) Are there any spacing requirements, i.e., separation requirements?

Yes \_\_\_\_\_ No \_\_\_\_\_

(5) If Yes, what is the requirement?

(6) Is it a State requirement? Yes \_\_\_\_\_ No \_\_\_\_\_

(7) Is it a local requirement? Yes \_\_\_\_\_ No \_\_\_\_\_

(8) Any other special requirements or restrictions?

(9) For each requirement mentioned above, cite ordinance section authorizing the requirement. (Obtain a copy of the cited sections.)

2d. Apartment building with some or all units for persons with disabilities, with on-site counseling but no on-site medical treatment.

(1) Classification and zones where permitted by right

(2) Any conditional or special use permit requirement?

(3) Zones where use is allowed by CUP

(4) Are there any spacing requirements, i.e., separation requirements?

Yes \_\_\_\_\_ No \_\_\_\_\_

(5) If Yes, what is the requirement?

(6) Is it a State requirement? Yes \_\_\_\_\_ No \_\_\_\_\_

(7) Is it a local requirement? Yes \_\_\_\_\_ No \_\_\_\_\_

(8) Any other special requirements or restrictions?

(9) For each requirement mentioned above, cite ordinance section authorizing the requirement. (Obtain a copy of the cited sections.)

B. Conditional Use Permit (CUP)

Ask these questions if any of the classifications mentioned in A, above, require a CUP.

(1) To your knowledge, has the city (or county) ever processed a CUP application for housing for persons with disabilities? Yes \_\_\_\_\_ No \_\_\_\_\_

(2) If Yes, can you give me any information about the case? Yes \_\_\_\_ No \_\_\_\_\_

(2a) Name of project: \_\_\_\_\_

(2b) Name of applicant: \_\_\_\_\_

(2c) Decision:

(2d) If available obtain a copy of the resolution approving or denying the permit.

[Note: Use supplemental pages for additional cases.]

(3) Have you, personally, ever attended a public hearing on a CUP for housing for persons with disabilities? Yes \_\_\_\_ No \_\_\_\_\_

If the answer is Yes, please answer the following questions: (Otherwise skip to C.)

(4) What was the name and location of the project?

(5) What was the date or month and year of the hearing?

(6) What was (were) the hearing body (bodies)? Planning Commission \_\_\_\_  
City Council/Board of Supervisors \_\_\_\_ Other \_\_\_\_ (Specify) \_\_\_\_\_

(7) Please describe the comments made by those in favor of the project:

(8) Please describe the comments made by those opposed to the project:

(9) Was the CUP approved? Yes \_\_\_\_ No \_\_\_\_\_

(10) If the answer is Yes: What kinds of conditions were placed on the permit?

(11) If the answer is No: What were the reasons given for denying the permit?

(12) Was the decision appealed? Yes \_\_\_\_ No \_\_\_\_\_

(13) If the answer is Yes: Who filed the appeal?

(14) What was the date or month and year of the hearing on the appeal?

(15) Who heard the appeal? Planning Commission \_\_\_\_ City Council/Board of  
Supervisors \_\_\_\_ Other \_\_\_\_ (Specify) \_\_\_\_\_

(16) Please describe the comments made by those in favor of the project:

(17) Please describe the comments made by those opposed to the project:

(18) Was the CUP approved? Yes \_\_\_\_\_ No \_\_\_\_\_

(19) If the answer is Yes: What kinds of conditions were placed on the permit?

(20) If the answer is No: What were the reasons given for denying the permit?

(21) If available obtain a copy of the resolution approving or denying the permit.

[Note: Use supplemental pages for additional cases.]

C. Reasonable Accommodations

(1) Are you aware of any request for reasonable accommodations in the city (or county) regulations to allow housing for persons with disabilities?

Yes \_\_\_\_ No \_\_\_\_\_

(2) If the answer is Yes, please provide details:

(3) Are there any regulations or procedures whereby someone could request reasonable accommodations for housing for persons with disabilities?

Yes \_\_\_\_\_ No \_\_\_\_\_

(4) If the answer is Yes, please provide details:

(5) Where a conditional use permit is required, is there a process by which a developer of housing for persons with disabilities may request a waiver of the CUP requirement? Yes \_\_\_\_\_ No \_\_\_\_\_

(6) If Yes, what is that process?

D. Moratoria

(1) Are there any moratoria which would limit the siting or use of housing for persons with disabilities? Yes \_\_\_\_ No \_\_\_\_\_

(2) If the answer is Yes, please provide details:

(3) If available obtain a copy of the resolution establishing the moratorium.

E. Other Requirements

Other than requirements that may be part of a conditional use permit (CUP) process, does the city (or county) require any of the following:

(1) Applicant must solicit community support for the project: Yes \_\_\_\_\_ No \_\_\_\_\_

(2) Applicant must participate in a public meeting on the project:

Yes \_\_\_\_\_ No \_\_\_\_\_

(3) Project is subject to a public hearing: Yes \_\_\_\_\_ No \_\_\_\_\_

(4) If yes, is this a noticed public hearing? Yes \_\_\_\_\_ No \_\_\_\_\_

F. Definition of Family

If the zoning code definition of family limits the number of unrelated persons who may occupy a dwelling (e.g., no limit on number of family members, but no more than five unrelated persons may occupy the dwelling), write in zoning code definition of family (from the copy you have had made) then ask the following questions.

Zoning code definition of family:

(1) Is the zoning code definition of family enforced? Yes \_\_\_\_\_ No \_\_\_\_\_

(2) If it is not enforced, is the zoning code being revised to change the definition or delete it? Yes \_\_\_\_\_ No \_\_\_\_\_

(3) If it is enforced, how do you enforce it?

Signature of Auditor

Date

**PART B: GENERAL PLAN AND OTHER DOCUMENTS**

## PART B: GENERAL PLAN AND OTHER DOCUMENTS

### DOCUMENTS

#### 1. Land Use Element

Normally, the zoning counter will have a copy of the Land Use Element for you to review. In your review look for the following:

- Section on residential uses. This might include a discussion of housing types and housing needs.
- Section on residential use policies.
- Section on community planning and development policies. Check to see if there are any that address group homes or residential care facilities. There may be a policy against over-concentration of group homes. There may be a moratorium on certain types of housing.
- Section on fair housing. This might include a discussion of impediments to fair housing.

Obtain copies of the relevant excerpts. Be sure to obtain a copy of the cover which shows the latest revision date.

Obtain the name and phone number of a staff person who could answer any questions you may have about the Land Use Element after you have reviewed it.

#### 2. Housing Element

Normally, the zoning counter will have a copy of the Housing Element for you to review. In your review look for the following:

- An analysis of special housing needs of (1) persons with disabilities, (2) homeless families and individuals, and (3) the elderly. (The section headings may be titled “Handicapped,” “Homeless,” and “Elderly.”) [Note: Many homeless persons are also persons with disabilities. Many elderly are also persons with disabilities.]
- An analysis of potential and actual government constraints. Look for any discussions relative to (1) housing for persons with disabilities and (2) transitional housing and emergency shelter for homeless families and individuals.
- Statements of goals, objectives and policies relative to (1) housing for persons with disabilities and (2) transitional housing and emergency shelter for homeless families and individuals.

- A program of actions. Look for any actions addressing the needs of (1) persons with disabilities and (2) homeless families and individuals.

Obtain copies of the relevant excerpts. Be sure to obtain a copy of the cover which shows the latest revision date.

Obtain the name and phone number of a staff person who could answer any questions you may have about the Housing Element after you have reviewed it.

### 3. Consolidated Plan

You may have to go to a different office (usually one which deals with housing programs) to obtain a copy of the Consolidated Plan. There should be no charge. Some jurisdictions do not have a Consolidated Plan.

Check to be sure the Consolidated Plan includes an Assessment (or Analysis) of Impediments to Fair Housing Choice. If it does not, obtain the name and phone number of a contact person who can provide information about the status of the Assessment of Impediments.

Obtain the name and phone number of a staff person who could answer any questions you may have about the Consolidated Plan after you have reviewed it.

## INTERVIEWS

It is contemplated that this phase of the audit will be limited to obtaining the above-mentioned documents to review at a later date. After review, it may be necessary to contact the appropriate staff person to ask follow-up questions. Normally, those questions can be asked over the phone. (Use Interviewee Questionnaire B.)

If, during this first phase of the audit, you do interview a staff person regarding any of the documents, follow this procedure:

### 1. Introduction

If you are interviewing a new interviewee, explain the following:

(Hand the staff person your business card.) My name is ... I am conducting a fair housing audit funded by the U. S. Department of Housing and Urban Development. The focus of the audit is housing for persons with disabilities. The audit is part of the California Disability and Land Use Project. Here is a brochure which provides an overview of the Project. (Hand the staff person the brochure.)

I have reviewed the zoning code and interviewed ... concerning zoning questions. I have also reviewed the [mention relevant document] and have a few questions I would like to ask you.

2. Interview

- A. Obtain business card of interviewee.
- B. Ask questions using Interviewee Questionnaire Part B.
- C. Probe any inconsistencies between what the interviewee tells you and what is written in the document.

**INTERVIEWEE QUESTIONNAIRE PART B**

## INTERVIEWEE QUESTIONNAIRE PART B

Name of Auditor: \_\_\_\_\_  
Date of Interview: \_\_\_\_\_ Time: \_\_\_\_\_ Place: \_\_\_\_\_  
Jurisdiction: \_\_\_\_\_  
Name of Interviewee: \_\_\_\_\_  
Title of Interviewee: \_\_\_\_\_  
Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_ e-mail: \_\_\_\_\_  
Address: \_\_\_\_\_  
Business card? Yes \_\_\_\_ No \_\_\_\_

Document:

Write each question. Number the questions. Then write answer to each question.

Additional Comments. Write additional comments of interviewee which may be relevant to the audit.

Document:

If same interviewee answers questions about different documents, list the questions and answers under the appropriate document.

Additional Comments. Write additional comments of interviewee which may be relevant to the audit.

Sign and date the last sheet of each interview.

**AUDIT SUPPLEMENTAL ANSWER SHEET**



**AUDIT REPORT WORKSHEET**

## AUDIT REPORT WORKSHEET

### AUDIT FINDINGS

[Alpha-numeric reference in parentheses refers to alpha-numeric item on Questionnaire Part A.]

#### A. Zoning Classifications

[How zoning code classifies specific housing situations for persons with disabilities.]

1. Single-family home shared by eight persons with disabilities. (A1b)  
-----
2. Single-family home shared by eight persons with disabilities, with on-site assistance with some activities of daily living. (A1c)  
-----
3. Single-family home shared by eight persons with disabilities, with on-site assistance with some activities of daily living. Home is operated by a nonprofit corporation. (A1d)  
-----
4. Single-family home shared by eight persons with disabilities, with on-site assistance with some activities of daily living. Home is operated by a for-profit entity. (A1e)  
-----
5. Single-family home shared by eight persons with disabilities, with on-site counseling but no on-site medical treatment. (A1f)  
-----
6. Residential facility licensed by the State, with non-medical 24-hour care and supervision for six or fewer persons. (May be called 'board and care home'.) (A1g)  
-----

7. Residential facility licensed by the State, with non-medical 24-hour care and supervision for seven or more persons. (May be called 'board and care home'.) (A1h)

---

8. Apartment building with some or all units for persons with disabilities, operated by a nonprofit corporation. (A2b)

---

9. Apartment building with some or all units for persons with disabilities, with on-site assistance with some activities of daily living. (A2c)

---

10. Apartment building with some or all units for persons with disabilities, with on-site counseling but no on-site medical treatment. (A2d)

---

**Conclusion: Are some housing situations for persons with disabilities treated differently from housing situations for persons without disabilities?**

**Yes** \_\_\_\_\_ **No** \_\_\_\_\_

B. Zones

[1. As used here, "group home" means any group living situation. 2. "By right" means allowed without any conditional or special use permit or other special limitation. 3. In parentheses, provide generic term for zone, i.e., single-family residential, multi-family residential, mixed-use, commercial, institutional.]

1. Zones where group homes for persons with disabilities are allowed "by right."

---

2. Zones where group homes for persons with disabilities are allowed by conditional or special use permit.

---

3. Zones where group homes for persons with disabilities are subject to special limitations (other than a conditional or special use permit requirement).
- 

**Conclusion: Are there limitations on where and how group homes for persons with disabilities can be located?**

**Yes** \_\_\_\_ **No** \_\_\_\_\_

C. Conditional Use Permit (CUP)

[Refer to Section B of Questionnaire Part A.]

1. Was any information obtained about specific CUP applications?

Yes \_\_\_\_ No \_\_\_\_

D. Reasonable Accommodations

[Refer to Section C of Questionnaire Part A.]

1. Are there any regulations or procedures whereby someone could request reasonable accommodations for housing for persons with disabilities?

Yes \_\_\_\_ No \_\_\_\_ Unknown \_\_\_\_\_

E. Moratoria

[Refer to Section D of Questionnaire Part A.]

1. Were there any moratoria which would limit the siting or use of housing for persons with disabilities?

Yes \_\_\_\_ No

F. Other Requirements

[Refer to Section E of Questionnaire Part A.]

1. Other than requirements that may be part of a CUP process, are there other requirements involving public notice or public meetings?

Yes \_\_\_\_ No \_\_\_\_\_

G. Definition of "Family"

[Refer to Section F of Questionnaire Part A.]

1. Does the zoning code definition of "family" limit the number of unrelated persons who may occupy a dwelling?

Yes \_\_\_\_ No \_\_\_\_

- a. If answer is Yes, is the definition enforced?

Yes \_\_\_\_ No \_\_\_\_

- b. If the definition is not enforced, is the zoning code being revised to change the definition or delete it?

Yes \_\_\_\_ No \_\_\_\_

H. Planning Documents (Part B)

1. Land Use Element

- a. Did the Land Use Element contain any policies relating to the siting of group homes or residential facilities?

Yes \_\_\_\_ No \_\_\_\_

- b. Did the Land Use Element contain any discussion of regulatory barriers to fair housing?

Yes \_\_\_\_ No \_\_\_\_

2. Housing Element

- a. Did the Housing Element contain an analysis of special housing needs of persons with disabilities?

Yes \_\_\_\_ No \_\_\_\_

- b. Did the Housing Element contain an analysis of government constraints to the housing of persons with disabilities?

Yes \_\_\_\_ No \_\_\_\_

- c. Did the Housing Element contain a statement of goals, objectives and policies relative to housing for persons with disabilities?

Yes \_\_\_\_ No \_\_\_\_

- d. Did the Housing Element contain a program of actions addressing the needs of persons with disabilities?

Yes \_\_\_\_ No \_\_\_\_

3. Consolidated Plan

- a. Did the jurisdiction have a Consolidated Plan?

Yes \_\_\_\_ No \_\_\_\_

- b. If the answer is Yes, did the jurisdiction have an Assessment of Impediments to Fair Housing Choice?

Yes \_\_\_\_ No \_\_\_\_

- c. Does the Consolidated Plan/Assessment of Impediments discuss:

(1) Zoning as a barrier? Yes \_\_\_\_ No \_\_\_\_

(2) Persons with disabilities? Yes \_\_\_\_ No \_\_\_\_

**Review of Documents**

- a. Did review of the above documents raise any issues of inconsistency between general plan and zoning code?

Yes \_\_\_\_ No

- b. If the answer is Yes, provide details.

- c. Did review of the above documents raise any fair housing issues?

Yes \_\_\_\_ No

- d. If the answer is Yes, provide details.

Prepared by: \_\_\_\_\_ Date: \_\_\_\_\_

**SAMPLE REPORT ON FAIR HOUSING AUDIT FINDINGS**

**[NAME OF JURISDICTION]**  
**SAMPLE REPORT ON FAIR HOUSING AUDIT FINDINGS**

Name of Auditor

Date of Audit

**PURPOSE OF AUDIT**

This audit was conducted to document regulatory barriers to housing choice for persons with disabilities with the expectation that action will be taken to remove those barriers. Such barriers are a violation of both federal and state fair housing laws.

**AUDIT PROCESS**

[Summary of process: (1) names and agencies of people interviewed, (2) use of audit questionnaire (audit tool), and (3) excerpts and documents obtained and analyzed.]

**ZONING REGULATIONS**

The audit addressed the following zoning regulations which frequently have the effect of limiting the housing choice of persons with disabilities: zoning classifications (definitions), zones, and conditional or special use permit requirements. Information was also sought on the availability of a procedure by which a reasonable accommodation could be granted to enable a person with a disability to live in the housing of his or her choice.

A. Zoning Classifications

The audit revealed that persons with disabilities are treated differently from persons without disabilities in some housing situations. Specifically:

[List examples from Audit Report Worksheet, Section A.]

B. Zones

A group living situation (sometimes called a group home) is often the preferred housing choice of persons with disabilities. How this use is classified may limit the residential zones where this kind of housing situation may be located. The audit revealed the following limitations on where and how group homes for persons with disabilities can be located:

[List examples from Audit Report Worksheet, Section B.]

C. Reasonable Accommodations

Under the Federal Fair Housing Act it is illegal to refuse to make reasonable accommodations in rules, policies, practices, or services, when such accommodations may

be necessary to afford a person with a disability equal opportunity to use and enjoy a dwelling. Local governments should have in place a procedure by which reasonable accommodations can be requested when so needed.

[Refer to Audit Report Worksheet, Section D and state what the audit revealed.]

At the request of many jurisdictions, Housing Rights, Inc. has produced a model “Reasonable Accommodations Ordinance.” If you would like a copy, please let us know.

D. Other Fair Housing Issues

[Review Audit Report Worksheet, Sections E, F, and G1 (a and b) to see if other issues should be addressed here. If there are no issues, eliminate this section.]

## **PLANNING DOCUMENTS**

Planning documents, such as the General Plan and the Consolidated Plan, provide information on populations with special needs, including persons with disabilities. These documents are intended to provide a policy framework and action plan which will address unmet needs and government barriers to meeting those needs.

[Refer to Worksheet, Section H and discuss any problem areas.]

## **CONCLUSION**

[Summarize findings. Recommend revisions to zoning code. Conclude with: In the interim, the (City or County) should adopt a “reasonable accommodations” procedure and train staff on fair housing law and the reasonable accommodations requirement.

## **OFFER OF TRAINING AND TECHNICAL ASSISTANCE**

Housing Rights is available to provide fair housing training. We can also provide technical assistance, as needed, to ensure compliance with fair housing laws. Please call Housing Rights, Inc. at (510) 548-8776 if you would like to learn more about these services.

**SAMPLE JURISDICTION LETTER FOR AUDIT**

## **SAMPLE JURISDICTION LETTER FOR AUDIT**

[date]

Honorable [name]  
Mayor  
[jurisdiction]  
[address]

Dear Mayor [name]:

Housing Rights, Inc. is a private, nonprofit fair housing enforcement agency, with 17 years experience in complaint intake, complaint investigation, testing for fair housing violations and enforcement of meritorious claims. Housing Rights, Inc. was recently awarded a HUD Fair Housing Initiatives Program Grant (FH700G96034) for the implementation of the Disability and Land Use Project. Under this grant, Housing Rights, Inc. conducted audits of selected local jurisdictions for compliance with fair housing laws related to housing for persons with disabilities.

Your city [county] was one of the jurisdictions we audited. We are enclosing a summary of our findings as well as information about fair housing law zoning and land use issues. We would like to meet with representatives of your office, the City Attorney's office and the Planning Department to go over the findings in more detail.

Our project coordinator, [name], will contact you during the next two weeks to schedule a meeting. You may contact him/her at [phone number]. Please feel free to contact me at [phone number].

Sincerely,

Wanda Remmers  
Executive Director

Enclosures