



# REASONABLE ACCOMODATION 53 REQUEST AND VERIFICATION

**NOTICE:** Under law, you have the right to request a change in our rules, regulations, practices, or procedures if you have a handicap and the requested change will better enable you to use and enjoy the property you rent from us. We may require you both to document the existence of the disability and to obtain verification from a qualified person (for example; a counselor, doctor, social worker, or rehabilitation center) that the accommodation is related to the disability and would give you equal opportunity to use and enjoy the housing. If this request follows our giving you a notice of noncompliance with the terms of your agreement with us, we may also ask for documentation to support your claim that the accommodation will better enable you to comply with the agreement. If you want to request such a change -an accommodation- you should fill in the box below and return it to us.

Name: \_\_\_\_\_

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

We are requesting a modification of your rules, regulations, practices, or procedures for \_\_\_\_\_

(name of person for whom accommodation is requested).

The change we are requesting is (describe what it is you want us to do for you): \_\_\_\_\_

The name and address of the qualified person (such as a doctor, health care provider, or social worker) who can provide you with the necessary verifications is:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

I authorize you to contact this person. I understand that you will be asking for the verifications found on the reverse of this form. I authorize the above named qualified person to give you such information.

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

FROM:

TO:

An applicant, a tenant or tenant's family member, \_\_\_\_\_, has requested (see the other side of this form) that we change our rules, regulations, practices or procedures.

We are required under federal fair housing law to make reasonable accommodations when such accommodation will give someone who is disabled an equal opportunity to use and enjoy the housing. We are not required to -and don't- approve accommodations that are a matter of convenience or preference only.

Under federal law, someone is handicapped or disabled if they suffer "a physical or mental impairment which substantially limits one or more major life activities," or if they have "a record of such an impairment," or are "regarded as having such an impairment." Not included in the definition is someone who is a current illegal user of controlled substances.

A physical or mental impairment means "(1) any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems: Neurological; musculoskeletal; special sense organs; respiratory, including speech organs; cardiovascular; reproductive; digestive; genitor-urinary; hemic and lymphatic; skin; and endocrine; or (2) any mental or psychological disorder, such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities." Such an impairment "includes, but is not limited to, such diseases and conditions as orthopedic, visual, speech and hearing impairments, cerebral palsy, autism, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, Human Immunodeficiency Virus infection, mental retardation, emotional illness, drug addiction (other than addiction caused by current, illegal use of a controlled substance) and alcoholism."

The term "major life activities" means "functions such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning and working."

**In order to determine if the tenant and the accommodation fit within the terms of the law, would you kindly verify the following:**

**It is my professional opinion that:**

- 1) The person listed above meets the definition of an individual with a disability.
- 2) The requested accommodation is related to the disability.
- 3) The requested accommodation is necessary to enable the person equal opportunity to use and enjoy the property.

**Signed:** \_\_\_\_\_

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

**Professional Title:** \_\_\_\_\_

**Organization:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_



**Equal Housing Opportunity**

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