

Reasonable Accommodations & Modifications for Providers



**FAIR
HOUSING
COUNCIL**
OF OREGON

You have been asked to write a letter verifying a request for a reasonable accommodation in housing or to fill out a reasonable accommodation request form on behalf of a patient/client with a disability.

The right to reasonable accommodation in housing exists under federal and Oregon civil rights laws for individuals with disabilities who meet certain legal requirements. For example, a tenant renting an apartment or home owner in a community governed by a homeowners' association may request an exception to a standard rule, policy or procedure in order to use the housing to the same extent as other tenants/HOA members without disabilities.

Housing providers are **legally required to consider such requests**, and may turn to the individual's medical or mental health provider to verify the disability meets the definition of the federal Fair Housing Act and verify that the accommodation being requested is necessary.

Under the Fair Housing Act, a disability is defined as an ongoing physical or mental impairment, not a temporary incapacitation such as a broken leg, the flu or a pregnancy. The impairment must have a **substantial impact** on one or more major life activities. This includes, but is not limited to:

- **Walking**
- **Thinking**
- **Seeing**
- **Communicating**
- **Hearing**
- **Learning**
- **Speaking**
- **Performing manual tasks**
- **Breathing**
- **Caring for oneself**

Conditions that may qualify as a disability include: autism, ADHD, seizure disorder, depression, anxiety, multiple sclerosis, HIV/AIDS, substance use disorder (not current use), diabetes, or cancer.

An individual with a disability **cannot be charged for the cost of a reasonable accommodation**: a pet deposit for an assistance animal; move in costs for a move to a different unit because of the disability; striping a reserved parking place, etc. Please make sure when you write a letter verifying the need for an accommodation or fill out a verification form that your writing is legible. If it is a letter, make sure you use your office letterhead.

A housing provider may contact you to confirm you wrote the letter or filled out the form or to ask a clarification question. You may need to explain that you are not permitted to disclose information about the nature/ extent of your patient's/client's disability, only that the disability meets the federal standard.

A sample letter might look like this:

Date

Dear **(Housing Provider)**,

(Name of tenant) has contacted me regarding their need for a reasonable accommodation. **(Name of tenant)** makes this request pursuant to the Fair Housing Act, 42 U.S.C. §3604, which requires housing providers to make reasonable accommodations in existing rules, policies, practices, or services if such accommodations may be necessary to afford such person full use and enjoyment of the premises.

I have been informed that the accommodation they have requested is: **(List accommodations here)**. I am aware of the nature and extent of **(Tenant's name)'s** disability and I understand the reasons for their request for this reasonable accommodation.

I do hereby verify that, in my judgment, **(Tenant's name)** is a qualified person with a disability as defined by the Fair Housing Act and that the above stated reasonable accommodation is necessary to afford **(Tenant's name)** the opportunity to fully use and enjoy the premises, as provided by the Fair Housing Act.

Sincerely,

(Signature and Name of Professional)

Do not verify a request for a reasonable accommodation if:

- You are not treating the patient/client for the disability in question;
- The patient/client does not have a disability as defined by the Fair Housing Act or you do not consider the accommodation being requested as necessary (for example, a patient/client tells you they don't want to pay a pet deposit and ask you to verify an accommodation for a pet which you have not prescribed for a disability).

Fillable Form for Providers



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