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Verification of a Reasonable Accommodation/Modification

If a housing provider requests verification of a tenant's disability and/or verification of the need for the reasonable accommodation, this form should be given to a licensed professional with expertise in the health-care field. [A ready-to-fill-out format is included on page 4.](#)

Fair housing laws allow individuals who have a mental or physical impairment, which substantially limits a major life function, to request that a housing provider grant him/her a reasonable accommodation in rules, policies, procedures or practices. The accommodation must be necessary to enable the person to access housing, have full use of their housing, or maintain their housing. Once an individual has made a request, regulations allow a housing provider to request verification from a qualified expert that the individual is disabled and verification that the request is related to the individual's disability.

The verification should include the following items.

I. Qualification of person writing the verification letter.

Sample: I, [professional person's name], am a [health-care field] professional and have the following certification(s) from a licensing entity...

II. Nature of contact the professional has had with the person making the request.

Sample: I have treated [disabled individual's name] since [date] for a [mental/physical] condition. I have evaluated

and/or treated [disabled individual's name] [number of] times in the last twelve months.

Or:

I have not seen [disabled individual's name] in the last twelve months; the last time I evaluated and/or treated him/her was [date].

III. Statement that the client has a disabling [physical and/or mental] condition, which substantially limits one or more major life activities.

Important Note: Revealing a diagnosis puts your client at risk of additional discrimination. Before naming a specific diagnosis, you need your client's informed consent. **For a client who wants the diagnosis kept confidential, a general description such as "mental condition" without naming the specific diagnosis is advisable.**

IV. Description of limitation. Please describe how the impairment substantially limits one or more major life activities. You must be clear that the individual is substantially limited in their ability to perform a major life activity, opposed to an impairment that only creates a minor inconvenience or a slight limitation.

(Examples of major life activities are self-care, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and communication. "Impairments" include physiological, mental, psychological or physical diseases, disorders or conditions.)

V. Describe how the accommodation that the tenant is requesting is necessary to afford him/her the opportunity to access housing, maintain housing, or for full use and enjoyment of the housing. Be sure to use the word "necessary" when describing why the individual's impairment creates a need for the accommodation. This is important because housing providers only have an obligation to make accommodations that are necessary. As with most treatment decisions, the disabled individual ultimately decides what changes and options will best meet their needs. The role of the verifier is to establish that the need is derived from the impairment.

If the request is the result of a prescription, such as a prescription for an exercise routine that requires the landlord to make changes so that the swimming pool, recreation room or other common areas are accessible, then the prescription should be included in the verification letter.

However, the request does not need to be equivalent to a doctor's prescription for treatment, but rather a change that the individual needs to access, maintain or have full use and enjoyment of his/her housing.

For example, a doctor may not prescribe as part of a treatment plan that a deaf individual needs to have a smoke detector with a visual signal instead of an audio signal, or prescribe that the landlord and maintenance personnel need to press a button that will trigger a visual signal instead of knocking on a deaf individual's door. However, both a visual smoke alarm and a visual signal when someone is at the door are necessary for deaf individuals to have full use and enjoyment of their property.

HUD Complaint Hotline 1-800-877-0246

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Sample Verification: Request for Reasonable Accommodation/Modification

If a housing provider requests verification of a tenant's disability and/or verification of the need for the reasonable accommodation, this form should be given to a qualified individual*.

Name of person requiring accommodation/modification:

Description of accommodation/modification being requested:

I understand that under federal and state law, an individual is disabled if he/she has a physical or mental impairment that substantially limits one or more major life activities, has a record of such an impairment, or is regarded as having such an impairment. Major life activities include walking, seeing, hearing, speaking, breathing, thinking, communicating, learning, performing manual tasks, and caring for oneself.

Impairments also include such diseases and conditions as orthopedic; visual; speech and hearing impairments; Cerebral Palsy; autism; seizure disorder; Muscular Dystrophy; Multiple Sclerosis; cancer; heart disease; diabetes; HIV; mental retardation, mental and emotional illness; drug addiction; and alcoholism. This definition does not cover any individual who is a drug addict and currently using an illegal drug, or an alcoholic who poses a direct threat to property or safety because of alcohol use (224 CFR Part 8.3 and HUD Handbook 4350.3, (Exhibit 2-2).

I certify that _____ has a physical/mental (circle) disability which meets the definition stated above.

I have treated _____ (person with a disability's name) since _____ (date) for a physical/mental (circle) condition. I have evaluated and/or treated _____ (person with a disability's name) _____ (number of) times in the past 12 months.

Important Note: *Revealing a diagnosis puts the person with a disability at risk of additional discrimination.*

I verify that this request is directly related to his/her disability and is necessary to afford him/her the opportunity to access housing, maintain housing, or fully use/enjoy housing. (Necessary indicates necessity as opposed to only a matter of convenience or preference).

I recommend that the request for _____ be approved.

I certify that the information above is true and correct.

Signature: _____

Date: _____

Printed Name: _____

Professional Title: _____

Name of Clinic, Hospital, etc.: _____

Address: _____

Phone Number: _____

Fax Number: _____



*A Qualified Individual can be a doctor or other medical professional, a peer support group, a non-medical service agency, a caseworker, a vocational/rehab specialist, counselor, or a reliable third party who is in a position to know about the individual's disability. In most cases, an individual's medical records or detailed information about the nature of a person's disability is not necessary for this inquiry.