

**REQUEST FOR REASONABLE
ACCOMMODATION IN HOUSING**

Date of Request: _____

Applicant(s)/Tenant(s) _____

Unit Address _____

City: _____ State: _____ Zip: _____

Telephone Number: _____ Social Security Number: _____

1. If not you, what member of your household is seeking a reasonable accommodation.

2. What reasonable accommodation do you request that will assist you or a household member in addressing the disability:

3. Please explain how you believe that the requested accommodation it will provide you or a household member with equal opportunity to enjoy the dwelling unit and/or common area:

4. Please provide the name and address of the qualified individual(s)* who will verify that your request:
(1) Is related to your disability; and (2) Would provide you with an equal opportunity to enjoy the dwelling unit and/or common area.

(The verification form has been printed on the back of this request. The applicant/resident must complete this side, submit it to the PHA, which will in turn fax or mail it to the qualified individual(s)* for completion.)

NAME AND TITLE OF QUALIFIED INDIVIDUAL

COMPLETE MAILING ADDRESS

PHONE/FAX NUMBER

I give you permission to contact the above named individual for purposes of verifying that I or a family member needs the reasonable accommodation requested above.

Signed _____ Date _____

Please return this form to: Pocatello Housing Authority 711 N. 6th Ave. Pocatello, Idaho 83201 208-233-6276 FAX: 233-9821

* "Qualified individual" must be a medical doctor or other qualified person identified by the tenant/applicant requesting a reasonable accommodation.

VERIFICATION OF REQUEST FOR REASONABLE ACCOMMODATION IN HOUSING

TO: Qualified individual: (e.g. counselor, social worker, doctor, rehabilitation center, service agencies, self-help group, clinic, or other entity identified by the person requesting a reasonable accommodation).

1. I, _____ am a _____
Professional Person's Name **Health Care or Other Profession**

2. The applicant has a disability that substantially limits one or more major life activities for which the applicant/resident has sought my services in the past twelve (12) months.

Yes _____ No _____

3. Please describe how the condition for which you provided services/evaluation/treatment to the applicant limits one or more of applicant/resident's major life activities. (Examples of major life activities are self care, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning and working. "Impairments" include physiological, mental, psychological or physical disease, disorders, or conditions.)

4. Describe how the accommodation that the applicant/resident has requested, as it relates to the disability, is necessary to afford him/her the opportunity for full use and enjoyment of his/her dwelling unit and/or common area, not just desirable to the applicant/resident.

Under penalty of perjury, I certify that the information provided is true and correct.

Signature: _____

Date: _____

Printed Name: _____

Professional Title: _____

Telephone Number: _____

Fax Number: _____

Address: _____

City, State, Zip: _____

Fair housing laws allow applicants/tenants and other consumers who have a disability to request a reasonable accommodation in rules, policies, procedures or practices if it will make it possible for the person to have full use of their dwelling and if the disability is covered by fair housing laws. Regulations allow a landlord or other housing provider to request verification of the disability from a qualified professional, the connection between the disability and the requested reasonable accommodation and the need for an accommodation.

Note: Federal regulations prohibit a housing provider from inquiring into the nature or extent of a disability. Revealing a diagnosis may put your client/patient 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" or "physical" condition without naming the specific diagnosis is advisable.