



REASONABLE ACCOMMODATION Instructions to Make a Request

The Northwest Oregon Housing Authority (NOHA) is committed to providing reasonable accommodation to a person with disabilities to help ensure an otherwise eligible person receives an equal opportunity to participate in and benefit from its housing programs. Upon request, a reasonable accommodation to change NOHA policies and procedures will be considered.

Reasonable accommodation requests may be submitted either in writing or verbally at any time to NOHA.

Instructions on submitting a request for a Reasonable Accommodation:

1. Complete all three pages of NOHA's Request for Reasonable Accommodation Form including who the request is for, what change is being requested and the contact information of a knowledgeable professional who can verify the need for the accommodation.
2. If the disabled family member is 18 years of age or older, he or she AND the Head of Household must sign the form. The Head of Household or legal guardian must sign on behalf of a disabled minor requesting the accommodation.
3. If you need assistance in completing any of the documents in this packet or require translation services, contact NOHA at customercare@nwoha.org or by phone at 503.861.0119.
4. When NOHA received your completed reasonable accommodation request, NOHA will verify the need for the request with the knowledgeable professional listed on your form.
5. Upon receipt of verification, NOHA will advise if your request has been approved.

Submit the completed form to NOHA by email, fax, mail or the drop box by the front door outside of the NOHA office.

Email: customercare@nwoha.org

Fax: 503.861.0220

Mail: NOHA, PO Box 1149; Warrenton, OR 97146

Office drop box: NOHA, 147 S Main Ave., Warrenton, OR 97146

Please visit our website at www.nwoha.org for more information about NOHA.





HOUSING CHOICE VOUCHER PROGRAM

REQUEST FOR REASONABLE ACCOMMODATION FORM

Date of Request _____

Check one: Participant Applicant

Name of Head of Household _____

Address _____ Phone _____

City, ST, Zip _____

Email _____ @ _____

Name of Household Member Needing the Accommodation _____

Check one: Head of Household Family Member

Things to Consider Before Completing and Submitting Your Reasonable Accommodation Request:

1. Please review the legal definition of **disability**.
 - a. A sensory, mental, or physical impairment that is medically cognizable or diagnosable. "Impairment" includes a physiological disorder, cosmetic disfigurement, anatomical loss affecting one or more of several specified body systems, and mental, developmental, traumatic, and physiological disorders.
 - b. A physical or mental impairment which substantially limits one or more major life activities; has a record of such an impairment; or being regarded as having such an impairment. A major life activity means functions such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning and working.
2. **Having a temporary ailment does not qualify an individual as having a disability.** Examples of conditions that are **NOT** impairments includes: The common cold or the flu, a sprained joint, minor and non-chronic gastrointestinal disorders, a broken bone that is expected to heal completely and pregnancy.
3. A "reasonable accommodation" is a change, exception, or adjustment to a rule, policy, practice or service that may be necessary for a person with a disability to have an equal opportunity to use and enjoy a dwelling, including public and common-use spaces. Since rules, policies, practices and services may have a different effect on persons with disabilities than on other persons, treating persons with disabilities exactly the same as others will sometimes deny them an equal opportunity to use and enjoy a dwelling [Joint Statement of the Departments of HUD and Justice: Reasonable Accommodations under the Fair Housing Act].
4. If your reasonable accommodation request is granted, NOHA may periodically review and request updated verification for the continued medical necessity for the reasonable accommodation.





HOUSING CHOICE VOUCHER PROGRAM

REQUEST FOR REASONABLE ACCOMMODATION FORM

Reasonable Accommodation Request (To be completed by Applicant/Participant)

What accommodation is being requested?

Extra time to locate a unit due to disability related reasons. Please explain the hardship you have faced due to your disability in finding a unit in the past and demonstrate the connection between your disability and the need for the extension.

Lease a unit owned by a relative. Please describe why renting from a relative will assist you. Note: The owner MAY NOT live in the HCV-assisted unit.

Change in the Payment Standard. Please describe the special features or location of the building/unit.

Extra bedroom for a person with a disability. Please explain why you need an extra bedroom and submit additional documentation to sufficiently justify the request.

Extra bedroom for equipment. Please specify, in detail, the type and size of the equipment.

Minimum rent waiver. Please specify the reason why you are unable to pay the minimum rent.

Allow the utility allowance amount to correspond to larger voucher size. Please explain why you need the utility allowance amount to correspond to the larger voucher size.

Other (please explain) _____

Live-In Aide. I require a person to live in the unit with me to administer care. This person is not just visiting (part-time) help and does not come and go in specific shifts and may require a bedroom.

	YES	NO
The live-in aide is essential to my care and well-being.		
The live-in aide is not obligated to support me financially.		
The live-in aide will only be living in the unit to provide necessary care for me.		
The landlord has agreed to allow the live-in aide to move into the unit.		





HOUSING CHOICE VOUCHER PROGRAM

REQUEST FOR REASONABLE ACCOMMODATION FORM

Knowledgeable Professional Who Can Verify the Need for Accommodation

Please list the contact information of the knowledgeable professional (e.g. Physician, Health Care Provider, etc.) who can verify that you have a disability warranting the accommodation(s). If you do not provide the contact information for a knowledgeable professional, NOHA will be unable to process this request.

Name: _____ Title: _____

Address: _____

City: _____ State _____ Zip Code _____

Telephone Number: _____ Fax _____

Email: _____@_____

Authorization to Release Information and Certification – I hereby understand and acknowledge:

1. That I had a full opportunity to read and consider the contents of this authorization and I understand that, by signing this form, I am confirming my authorization of the use and/or disclosure of my protected health information as described in this form.
2. That the information obtained under this consent is limited to information that is no older than 12 months.
3. That the knowledgeable professional listed above has knowledge of whether my disability requires a reasonable accommodation or modification. To verify an accommodation or modification, this request is only for the minimum information necessary to confirm such accommodation or modification is required. Any other request for information about me is not relevant and may not be made (e.g., diagnosis; treatment).
4. NOHA may request future authorizations and verification regarding continued need for this reasonable accommodation.
5. I have a right to revoke this authorization at any time by giving written notice of my revocation to the NOHA and/or the knowledgeable professional listed above. I understand that revocation will *not* affect any action already taken in reliance on this authorization.
6. The information provided on this form is true and accurate. I give NOHA permission to discuss the requested accommodation with my knowledgeable professional.

Note: The knowledgeable professional listed above will receive a copy of this form.

Signature of Head of Household (Participant/Applicant)

Date

Signature of Adult Member Requesting Accommodation if not the Head of Household

Date

If you are signing as a Power of Attorney, Legal Guardian, Executor or Administrator complete the following and attach a copy of the legal documents:

Personal representative's name: _____

Relationship to the individual: _____

Fraud and False Statements: Title 18, Section 1001 of the U.S. Code states that a person who knowingly and willingly makes false and fraudulent statements to any department or employee of the United States Government, HUD, a Public Housing Authority or a Property Owner may be subject to penalties that include fines and/or imprisonment.

