



Housing Alliance and Community Partnerships

711 North 6th Ave Pocatello, ID 83201 • Phone 208-233-6276 • Fax 208-233-9821

REQUEST FOR REASONABLE ACCOMMODATION IN HOUSING

Date _____

Tenant Name _____

Tenant Address _____

City, State, & Zip _____

Last four of your SSN _____

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?

3. Please explain how you believe the Requested Accommodation 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 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 HACP, which will in turn fax or mail it to the qualified individual(s)* for completion.

*"Qualified individual" must be a medical doctor or other professional identified by the applicant/tenant requesting Reasonable Accommodation.

Housing Alliance and Community Partnerships (HACP) does not discriminate based on race, color, creed, national origin, religion, disability, sex, sexual orientation, gender identity, age (over 40), military status, whistleblower retaliation, or familial status in admission or access to its programs.

HACP is an Equal Opportunity Employer.

If you need to request a Reasonable Accommodation, contact HACP at 208-233-6276 or TTY: 711 or 800-377-3529



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(Attach verification to tenant request for 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 reasonable accommodation).

1. I, _____ am a _____
Professional Person's Name Health Care or Other Professional
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 the 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 for the applicant/resident.

Signature

Professional Title

Date

Phone

Fax

Address, City, State, & Zip

Fair housing laws allow applicants/tenants and other consumers who have a disability to request 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.

PLEASE RETURN COMPLETED FORM TO THE ADDRESS OR FAX NUMBER ABOVE.

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