

## Northwest Pacific Property Management 4646 Ridge Drive NE Salem, OR 97301

OFC: 503-362-0030 FAX: 503-364-1485

## REASONABLE ACCOMMODATION REQUEST/VERIFICATION

DATE_	1ENAN1(S)			
PROPE	ERTY ADDRESS		UNIT #	
CITY _		STATE	ZIP	
1.	Name of disabled person	requesting the accom	nmodation:	
2.			equesting:	
3.	If reasonable accommodar and <b>photo</b> of animal:	tion request is for a s	service animal, please include a description, nar	me,
<u>HOUSE</u>	EHOLD MEMBER RELEA	<u>ASE</u>		
landlord accomn months	d or its agents, all information modation. Information obtai . There are circumstances w	on reasonably reques ned under this conse which would require t	r, or other Qualified Individual, to provide to my sted in connection with this request for a reasona ent is limited to information that is no older than the owner to verify information that is up to 5 years attached to a copy of this consent.	able 12
Signatu	re		Date	

#### **DEFINITION OF DISABLED**

Under federal 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 impairment; or is regarded as having such an impairment.

The term physical or mental impairment includes, but is not limited to, such diseases and conditions as orthopedic, visual speech, and hearing impairments, cerebral palsy, autism, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, Human Immunodeficiency Virus infection, mental retardation, emotional illness, drug addiction, and alcoholism. This definition doesn't include any individual who is a drug addict and currently using illegal drugs or an alcoholic who poses a direct threat to property or safety because of alcohol use [24 CFR Part 8.3, and HUD Handbook 4350.3, (Exhibit 2-2].

Please return this form to the landlord:

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### **HEALTH CARE PROVIDER INFORMATION**

To: Qualified Individual (e.g. counselor, social worker, doctor, rehabilitation center, service agency, self-help group, clinics).

The person listed on the other side has requested that his/her landlord provide the accommodation listed on the other side. The landlord is required by law to provide reasonable accommodations to disabled persons that will provide them with equal opportunity to use and enjoy their unit and/or common areas. The landlord does not provide an accommodation when the request is a matter of convenience or preference only.

only.	
I	have evaluated and/or treated this individual times in the past months/years; or have not seen this individual in the last twelve months.  The last time I evaluated and/or treated him/her was
5.	Describe how the condition for which you are treating the applicant/resident limits one or more of your client's major life activities. (Example 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 diseases, disorders, or conditions.)
6.	Describe how the accommodation that the resident is requesting is necessary to afford him/her the opportunity for full use and enjoyment of the dwelling. Please relate the requested accommodation to the limitation(s) caused by the disabling condition.
I,	
is	is not (please check one) disabled as that term is defined above. I further certify that the ed accommodation
is	is not (please check one) necessary for the person requesting the accommodation to fully enjoy dwelling and/or common areas any non-disabled person would.
I certify	that the information provided is true and correct.
Signatu	reDate
Printed	NameProfessional Title
Teleph	one NumberFax Number
Addres	3
City, S	ate, Zip