



Northwest Pacific Property Management
4646 Ridge Drive NE
Salem, OR 97301
OFC: 503-362-0030 FAX: 503-364-1485

REASONABLE ACCOMMODATION REQUEST/VERIFICATION

DATE _____ TENANT(S) _____

PROPERTY ADDRESS _____ UNIT # _____

CITY _____ STATE _____ ZIP _____

1. Name of disabled person requesting the accommodation: _____

2. Please describe the accommodation you are requesting: _____

3. If reasonable accommodation request is for a service animal, please include a **description, name,**
and **photo** of animal:

HOUSEHOLD MEMBER RELEASE

RELEASE: I hereby authorize my health care provider, or other Qualified Individual, to provide to my landlord or its agents, all information reasonably requested in connection with this request for a reasonable accommodation. Information obtained under this consent is limited to information that is no older than 12 months. There are circumstances which would require the owner to verify information that is up to 5 years old, which would be authorized by me on a separate consent attached to a copy of this consent.

Signature _____ 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:

Northwest Pacific Property Management
4646 Ridge Dr. NE
Salem, OR 97301
Office 503-362-0030 Fax 503-364-1485



