



Centerpointe Property Management
931 NW Highland St. Roseburg, OR 97470
Phone: (541) 672-3434 Fax: (541) 672-4014
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REASONABLE ACCOMMODATION REQUEST AND VERIFICATION

Date: _____
Applicant/Tenant Name: _____
Address for Reasonable Accommodation Request: _____

Modification of rules, regulations, or procedures are requested for (name of person accommodation is requested for): _____

The modification requested is (i.e. ESA, wheelchair ramp, grab bars, etc.): _____

If the modification requires changes to the rental dwelling itself or the changes to the landscape of the rental dwelling, please describe (or attach construction plans) the changes: _____

The structural changes must be performed in a workmanship like manner by a licensed contractor (when applicable). Provide the following contact information for the person or company performing the work:

Name: _____
Address: _____
Phone #: _____ Email: _____

**Go to next page for Release

**Authorization and Release of Information for Centerpointe Property
Management to contact the qualified person for the necessary verification.**

Signature: _____ **Date:** _____
Person requesting modification

To (qualified health care provider):

Name: _____

Address: _____

Email: _____

Phone#: _____ **Fax#:** _____

A person who occupies or is applying to occupy rental property has requested a reasonable accommodation. Description of modification: _____

The US Fair Housing Department requires a landlord to accommodate a reasonable request of a modification of the rental unit or the rental units' rules and regulations if this modification is necessary for the disabled person to have an equal opportunity to use and enjoy the rental unit. The Fair Housing Department defines a disabled person as "any person who 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".

I attest I am a qualified health care provider to verify this accommodation request. Under penalty of perjury, it is my opinion that _____ (name of person in need of modification) meets the definition of an individual with a disability, the requested accommodation is related to the disability, and the requested accommodation is necessary to enable the person the equal opportunity to use and enjoy the property.

Signed: _____ **Date:** _____

Printed Name: _____ **Professional Title:** _____

Organization: _____

Comments: _____

