



# REQUEST FOR REASONABLE ACCOMMODATION

Return Completed form to: Housing Authority of Salem, 360 Church St SE, Salem, OR 97301-3707

Head of Household:

Last 4 digits of SSN:

Date:

Telephone Number:

Email:

Address:

1. Name of the disabled household member needing the accommodation: \_\_\_\_\_

2. Describe the reasonable accommodation you are requesting (Example-- I am requesting an additional bedroom to accommodate the medical equipment that I must have):  
\_\_\_\_\_  
\_\_\_\_\_

3. Please explain the reason you are requesting a reasonable accommodation, ***without disclosing your disability.*** (Example - my disability causes me to be forgetful; this is the reason why I missed the scheduled appointment, and the accommodation will allow me to retain my housing assistance):  
\_\_\_\_\_  
\_\_\_\_\_

The back side of this form must be filled out by a doctor, nurse, social worker, counselor or other professional who has a thorough knowledge of your circumstances and who can certify that you are in need of the requested accommodation.

Upon receipt of the completed form, we will let you know the decision as soon as possible, and will let you know if additional information is needed in order to make a decision. If you need assistance with this form or have any additional questions, please contact your housing specialist at 503-588-6368. SHA staff can also be contacted via TDD dialing 711.

**I hereby authorize the release to Housing Authority of Salem of any information that would be helpful in making a determination regarding my request for a reasonable accommodation. I also certify that the above information is true to the best of my knowledge.**

**By signing this form I hereby certify that the person indicated above has a disability that substantially limits one or more major life activities; has a record of such impairment or is regarded as having such an impairment.**

Major life activity is defined as seeing, hearing, walking, breathing, performing manual tasks, self-care, learning and speaking.

\_\_\_\_\_  
Signature of Head of Household

\_\_\_\_\_  
Signature of Person with Disability if over 18

Date \_\_\_\_\_

Date \_\_\_\_\_

***Office Use Only***

Approved     Disapproved

Explanation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Client Services Manager Signature

\_\_\_\_\_  
Date

## Health Professional's Verification of need for Reasonable Accommodation/Modification

State and Federal laws require housing providers to make physical modifications, or accommodations to policies/procedures if such changes are necessary to enable a person with a disability to have equal access to Housing Authority of Salem facilities and programs.

The participant in question has requested the accommodation described on the other side of this form. Please indicate whether the accommodation is necessary and will achieve its stated purpose. You may also add any other information that would be helpful in making the correct accommodation for this family member. Please do not discuss the family member's diagnosis.

Please note that the applicant/tenant/participant has signed this form certifying as to their disability and requesting you to verify information. **If you have any questions, please call 503-588-6368 for additional information, or send an Email to [housing@cityofsalem.net](mailto:housing@cityofsalem.net).**

The law defines "disabled" as a person who: 1) has a physical or mental impairment that substantially limits one or more major life activities: 2) has a record of such impairment, or 3) is regarded as having such impairment.

The term "major life activity" means such activities as seeing, hearing, walking, breathing, performing manual task, care for one's self, learning, and speaking.

### How long have you worked with the person making this request?

- First Appointment     Less One Year     1-3 Years     4-6 years     Over 6 Years

**Assessment of Necessity. By checking one box below please indicate whether or not in your professional opinion granting the accommodation requested on the other side of this form will allow the person equal access to housing in light of the disability you believe the person to have.**

**Check one:**

- Necessary     Alternative(s) Available; i.e. NOT Necessary     Beneficial But NOT Necessary     NOT Beneficial NOT Necessary     Lack Enough Information to Say

### Explain basis for your assessment, comment, or suggest possible alternatives:

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**FRAUD AND FALSE STATEMENTS**

Title 18, Section 1001 of the US Code states that a person who knowingly and willingly makes false or fraudulent statements to a public housing authority may be subject to penalties that include fines and/or imprisonment. I understand that I may be contacted by the housing authority to provide clarification regarding this request. I also understand that I may be contacted or subpoenaed to provide testimony in a court of law or other legal action with respect to the information I have provided. By signing this document, I certify under penalty of perjury that the information and statements I have provided in this request for reasonable accommodation are to the best of my knowledge true and accurate.

NON-DISCRIMINATION

The Housing Authority of the City of Salem does not discriminate against any person due to disability; race; color; religion; sex; source of income; familial status; national origin; or actual or perceived sexual orientation, gender identity, marital status and/or domestic partnership in accessing, applying for or receiving assistance, or in treatment or employment in any of its programs and activities. Complaints should be submitted to Diahann Terzich, Salem Housing Authority, 360 Church St SE, Salem OR 97301-3707, [compliance@salemhousingor.com](mailto:compliance@salemhousingor.com), 971.600.7629, or TDD users can dial 711.

\_\_\_\_\_  
Signature of physician/health care professional

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Above Individual

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Title

Mailing Address: