About Reasonable Accommodations

And/or Modifications

A **reasonable accommodation** is some exception or change that a housing provider makes to rules, policies, services, or regulations that will assist a resident or applicant with a disability in taking advantage of a housing program and/or dwelling.

A **reasonable modification** is an alteration to the physical premises allowing a person with a disability to overcome obstacles that interfere with his or her use of the dwelling and/or common areas.

The accommodation and/or modification must be necessary for the individual with the disability to enjoy and/or fully use services offered to other residents and/or the individual dwelling unit.

Reasonable accommodations can include **but are not limited to**:

1. A change in the rules or policies or how a housing provider does things that would make it easier for you to live in the dwelling
2. Permitting a service animal for a household in a community where pets are not allowed, or not charging a deposit for a service animal though the housing provider charges deposits for pets
3. Permitting an outside agency to assist a disabled resident to meet the terms of the lease
4. Permitting a live-in Personal Care Attendant to live with a disabled resident who might need 24 hour assistance
5. A change in the way a housing provider communicates with or gives information, such as increasing the font size of typed documents to a person with a visual impairment

Reasonable modifications can include, **but are not limited to**:

1. A structural change or repair in your apartment or another part of the apartment complex that would make it easier for you to live in the dwelling;
2. Altering your apartment so that the unit can be accessed and used by a person in a wheelchair.

**\*NOTE: The individual requesting the modification may be responsible for the costs incurred in providing a reasonable modification to the premises. This individual may also be responsible for costs incurred in restoring the modification to original condition. The housing provider may request that a licensed contractor be obtained to make the modifications and/or restorations. The housing provider may be responsible for the costs if federal funds are received. If you and/or your housing provider have any questions regarding these provisions, please contact your local Fair Housing Council.\***

A resident or applicant is entitled by law to a reasonable accommodation and/or modification when needed because of a disability of the resident, applicant, and/or a person associated with a resident or applicant, such as a guest. Housing providers must grant all requests for reasonable accommodations and/or modifications that are needed as a result of a disability if the request is not unduly burdensome or a fundamental alteration of the housing program. If a request is denied, you have the right to know the reasons in writing.

There must be a verifiable disability involved in order for the household to qualify for a reasonable accommodation and/or modification. The housing provider can seek verification, but cannot ask about the nature or severity of the disability. Furthermore, the housing provider is required by law to keep all information about the disability confidential.

A person has a disability 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 impairment.

Most serious medically treated conditions are considered to be a disability. A disabled resident must still be able to meet essential obligations of tenancy – they must be able to pay rent, to care for the apartment, to report required information to the manager, avoid disturbing their neighbors, etc., but there is no requirement that they be able to do these things without assistance.

Using the following forms will help you and your housing provider to better write the request and implement any follow up necessary. The forms include:

1. **A Request for a Reasonable Accommodation.** This form is your request for a reasonable accommodation to be given to your housing provider. (For you to complete)
2. **A Request for a Reasonable Modification**. This form is your request for a reasonable modification to be given to your housing provider. (For you to complete)
3. **Verification of the need for an Accommodation and/or Modification** (For your health care provider, such as a doctor, nurse, therapist, or social worker, to complete).This form verifies your request and authorizes your medical provider to certify your status as a person with a disability and your need for the accommodation and/or modification.
4. **Approval or Denial of a Request for a Reasonable Accommodation and/or Modification.** (For your housing provider to complete) This form is the official notice from the housing provider stating whether the requested reasonable accommodation or modification will be approved or denied.

The work that provided the basis for this publication was supported by funding under a grant with the U.S. Department of Housing and Urban Development. The substance and findings of the work are dedicated to the public. The author and publisher are solely responsible for the accuracy of the statements and interpretations contained in this publication. Such interpretations do not necessarily reflect the views of the Federal Government.

**Reasonable Accommodation Instructions**

* The Reasonable Accommodation (RA) Request form asks a housing provider or housing program to grant you a change to a policy, practice, or procedure in order for you to fully use your housing and overcome a housing barrier related to your disability.
* The Proof of Need letter should be completed by a qualified professional familiar with your disabling condition, such as a health care provider. If possible, the Proof of Need letter should be printed on your qualified professional’s letterhead. If your qualified professional has any questions, you may want to provide them a copy of this document, “About Reasonable Accommodations and/or Modifications” [clickable link/download]. A Proof of Need letter is not necessary in situations where your disability and the connection between your disability and your request are obvious (for example, you are blind and need a seeing eye dog but your housing provider has a no pet policy).
* Once you have signed your RA request and have obtained your Proof of Need letter, it is very important that you make copies of these documents for your records, and then give the originals to your housing provider.
* If you have not received a response to your RA request within seven (7) business days, or if your request is denied, you can contact Idaho Legal Aid’s Housing Hotline at 208-746-7541 or at <https://www.idaholegalaid.org/node/2413/apply-legal-assistance>.
* Refusing to respond to a RA request, denying an RA request without first engaging in the interactive process (a meeting to find alternative solutions/accommodations), or retaliating against someone who has made a RA request would all constitute violations of the Fair Housing Act. If you feel your Fair Housing Act rights have been violated, you can file a complaint with HUD at <https://www.hud.gov/program_offices/fair_housing_equal_opp/online-complaint>, or you can contact Idaho Legal Aid’s Housing Hotline at 208-746-7541 or <https://www.idaholegalaid.org/node/2413/apply-legal-assistance> if you have questions about the Fair Housing Act.

**Reasonable Modification Instructions**

* The Reasonable Modification (RM) Request form asks a housing provider or housing program to allow you to make a structural change in order for you to fully use your housing and overcome a housing barrier related to your disability.
* The Proof of Need letter should be completed by a qualified professional familiar with your disabling condition, such as a health care provider. If possible, the Proof of Need letter should be printed on your qualified professional’s letterhead. If your qualified professional has any questions, you may want to provide them a copy of this document, “About Reasonable Accommodations and/or Modifications” [clickable link/download]. A Proof of Need letter is not necessary in situations where your disability and the connection between your disability and your request are obvious (for example, you are in a wheelchair and need a ramp).
* Once you have signed your RM request and have obtained your Proof of Need letter, it is very important that you make copies of these documents for your records, and then give the originals to your housing provider.
* If you have not received a response to your RM request within seven (7) business days, or if your request is denied, you can contact Idaho Legal Aid’s Housing Hotline at 208-746-7541 or at <https://www.idaholegalaid.org/node/2413/apply-legal-assistance>.
* Generally, housing providers are not required to pay for costs associated with RM requests and those costs are the responsibility of the requester/tenant. However, if your housing provider is federally funded, they may be responsible for the costs of making the modification, unless it would cause an undue financial burden.
* Refusing to respond to a RM request, denying an RM request without first engaging in the interactive process (a meeting to find alternative solutions/accommodations), or retaliating against someone who has made a RM request would all constitute violations of the Fair Housing Act. If you feel your Fair Housing Act rights have been violated, you can file a complaint with HUD at <https://www.hud.gov/program_offices/fair_housing_equal_opp/online-complaint>, or you can contact Idaho Legal Aid’s Housing Hotline at 208-746-7541 or <https://www.idaholegalaid.org/node/2413/apply-legal-assistance> if you have questions about the Fair Housing Act.

**The use of these forms does not create an attorney/client relationship and is not a substitute for legal advice. These forms are not for commercial use and charging for use in any way is prohibited.**

REQUESTING A REASONABLE ACCOMMODATION

Dear Landlord:

As a person with a disability, I, {{ full\_name }}, am requesting a reasonable accommodation at the following location, where I currently reside as a tenant:

* {{ full\_address }}

My request is based on the Fair Housing Act, 42 U.S.C. § 3604, which requires housing providers to make reasonable accommodations in rules, policies, practices, or services, when such accommodations may be necessary to afford a person equal opportunity to use and enjoy a dwelling.

The accommodation I am requesting is:

{{ accommodation\_description }} {{ third\_party }}{{ comm\_method }}{{ something\_else }}

I need this accommodation because

{{ why\_needed }}

I am requesting this accommodation because of my disability. Please see the attached proof of need letter. You may ask my qualified health professional to verify my disability, but you may not inquire as to the nature or severity of my disability. Please respond to this reasonable accommodation request in writing within seven (7) days. Thank you for your consideration of my request.

Sincerely,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date

PROOF OF NEED FOR A REASONABLE ACCOMMODATION

Dear Landlord:

I am currently providing health services to {{ full\_name }} in my capacity as a health professional. My client/patient has contacted me regarding their need for a reasonable accommodation. My client/patient makes this request pursuant to the Fair Housing Act, 42 U.S.C. § 3604, which requires housing providers to make reasonable accommodations in rules, policies, practices, or services, when such accommodations may be necessary to afford such person equal opportunity to use and enjoy a dwelling.

I have been informed that the accommodations my client/patient requests are:

{{ pon\_accommodation\_description }} {{ pon\_third\_party }}{{ pon\_comm\_method }}{{ pon\_something\_else }}

I am aware of the nature and extent of my client/patient’s disability, and I understand the reasons for their request for a reasonable accommodation. I verify that, in my professional judgment, my client/patient meets the definition of handicapped under the Fair Housing Act. This reasonable accommodation request is necessary to afford my client/patient the equal opportunity to use and enjoy the dwelling unit in which they reside, as provided by the Fair Housing Act.

Sincerely,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Health Professional Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[Business address]

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[Business phone #]