



Manufactured Housing Communities of Oregon

## MHCO Form 15: Reasonable Accommodation Request

Revised 12-4-2012 | This form is exclusively licensed to:

Name of Community/Park: \_\_\_\_\_

Address: \_\_\_\_\_

DATE OF REQUEST: \_\_\_\_\_

NAME OF APPLICANT: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

SPACE: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

*Explanation: Under the Fair Housing Act ("the Act") landlords are required to make reasonable accommodations to the rented facilities and common areas, if so requested by a handicapped tenant or their legal occupant. This law applies to the use of assistance animals. A "reasonable accommodation" is a reasonable change, exception or adjustment to a rule, policy practice or service that will enable a handicapped person to have an equal opportunity to use and enjoy the rented facilities and common areas. There must be an identifiable relationship between the requested accommodation and the person's disability. Landlords are not required to make requested accommodations if doing so would impose an undue financial or administrative burden upon them or fundamentally alter the nature of the landlord's operations. Landlords are entitled to obtain information that is necessary to evaluate a request for a reasonable accommodation. With respect to a person, a "handicap" means: (a) one with a physical or mental impairment which substantially limits one or more major life activities; (b) one with a record of such impairment; or (c) one who is regarded as having such an impairment. Juvenile offenders, sex offenders, persons who illegally use controlled substances and those with a disability whose tenancy would constitute a direct threat to others, or result in substantial physical damage to the property of others, are generally not protected under the Act. If the landlord refuses a requested accommodation, the requester is encouraged to have a discussion with the landlord concerning an alternative accommodation. This is a summary only and not intended to constitute legal advice. For more information, landlords, tenants and legal occupants of tenants are encouraged to consult with their attorney or a Fair Housing expert if they have any questions regarding their rights and responsibilities.*

1. Description of accommodation requested: \_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_



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its agents and employees. Use by others is expressly prohibited and a violation of MHCO's copyright.

2. Please describe the relationship between the disability and the requested accommodation (Note: You are not required to identify your specific disability or its severity. Simply explain how the accommodation, if made, will enable you to use and enjoy the rented facilities and common areas that you are presently unable to use or enjoy.)

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3. Please provide the name, address and phone number of those who are in position to know about and verify the disability and/or the need for the requested accommodation. Such persons may include treating physicians or other medical professionals, peer support group, non-medical service agencies, or reliable third parties who are in a position to know. I hereby authorize landlord or landlord's management to contact said person(s) and obtain such information as may be necessary to make the appropriate verification. See Page 2 (Note: This information needs to be completed only if (a) the disability is not known or readily apparent to the landlord or (b) the need for the requested accommodation is not known or readily apparent to the landlord.): \_\_\_\_\_

I certify that the above information is true and correct to the best of my knowledge, information and belief.

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

**Please review page 1 of this form for a brief summary of the law and the subject matter of this inquiry.**

You have been identified as a person or professional having knowledge regarding the handicap of the person whose name appears on the front of this form ("the Applicant"). Please promptly complete the questions below and return to \_\_\_\_\_ located at \_\_\_\_\_ Phone: \_\_\_\_\_. All information provided will be held strictly confidential. If you anticipate any delay in responding due to privacy or other concerns, you are requested to immediately contact the person identified above if and when the information will be provided.

4. Please explain how the applicant's disability substantially limits one or more of their major life activities, such as seeing, hearing, walking, breathing, performing manual tasks, caring for one's self, learning or speaking. (Note: You do not have to identify the specific disability or its severity):

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5. Please explain how the requested accommodation, if made, will enable the applicant to use and enjoy the rented facilities and common areas.

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6. Please explain (a) your professional or personal relationship with the Applicant, including the length of time; (b) whether and when you provided professional services to the Applicant, and if so, whether such services related to their disability identified on the front of this form.

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7. If you are a professional, please describe your current credentials:

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I certify that the above information is true, correct and current to the best of my knowledge, information and belief.

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

Name of Community/Park:

Address: