

## REASONABLE ACCOMMODATION VERIFICATIONS

### RIGHT TO A REASONABLE ACCOMMODATION/MODIFICATION | WHAT IS AN RA/RM?

- ▶ A reasonable accommodation (RA) is a change, exception, or adjustment to a rule, policy, practice, or service that may be necessary for a person with a disability to have equal opportunity to use and enjoy a dwelling, including public and common use spaces. A reasonable modification (RM) is a physical change to the interior of a tenant's own unit or to the common use areas that allows the person full use and enjoyment of their housing. Accommodations must be related to a person's disability. Housing providers must generally grant requests for an accommodation/modification if they meet these criteria. **Our advocates are available to provide free assistance with RA/RM requests for clients/patients.**

### HOW IS DISABILITY DEFINED BY THE FAIR HOUSING ACT?

- ▶ A person is protected as a person with a disability if they:
  - have a physical and/or mental impairment which substantially limits one or more major life activities,
  - have a record of such an impairment, or
  - are regarded as having such an impairment (includes people associated with or residing with a person meeting this definition).
- ▶ Examples of covered disabilities include:
  - Chronic mental illness
  - Hearing, mobility, and visual impairments
  - Cancer
  - AIDS/HIV
  - Developmental disabilities
  - Alcoholism or past drug abuse
- ▶ Fair Housing Law directs Housing Providers to rely on the advice and recommendations of a Care Provider, or of a reliable third party in a position to know about a tenant's disability, when evaluating requests for accommodations or modifications. For example, if a Care Provider or another reliable third party believes that a tenant requires carpet removal to more effectively manage their asthma, this may be a reasonable accommodation.

### WHEN DOES A SOCIAL WORKER, CASE MANAGER, OR OTHER RELIABLE THIRD PARTY NEED TO PROVIDE A VERIFICATION LETTER FOR A REASONABLE ACCOMMODATION/MODIFICATION?

- ▶ When a tenant requests a reasonable accommodation/modification, their housing provider is entitled to receive confirmation that:
  - 1 They are a person with a disability as defined within Fair Housing law, and
  - 2 The requested accommodation/modification is necessary because of their disability to fully use and enjoy their housing.
- ▶ Verification letters should include **both** of the above statements.
- ▶ Please note a housing provider is **not permitted** to ask a person with a disability any questions about the nature or extent of their disability.

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Tenants may not need to verify their need for accommodation/modification if their disability is obvious or already known to their housing provider and their need for the requested accommodation/modification is clearly related to their disability. However, many housing providers routinely request verification and may withhold their approval until/unless they receive verification from a care provider or from another reliable third party in a position to know about the tenant's disability. Care providers and reliable third parties may include, but are not limited to, physicians, mental or behavioral health professionals, social workers, case managers, family members, coworkers, etc.

**SAMPLE VERIFICATION LETTER FROM CARE PROVIDER OR RELIABLE THIRD PARTY:**

[Date]

Re: Reasonable Accommodation/Modification for [Tenant's Name and Address]

To Whom It May Concern:

I am writing as a [care provider or reliable third party] in a position to know about [tenant name]'s disability. [Tenant name] is an individual with a disability as defined by the Fair Housing Act. Due to [his/her/their] disability, [he/she/they] require(s) the following accommodation or modification: (Examples: Permission to have an emotional assistance animal in their unit, despite a no pet policy, or a reserved, accessible parking space near the entrance to their unit.)

This patient's disability affects their ability to (identify major life activity, which is affected by the disability): \_\_\_\_\_. The request presented above is necessary in connection with their disability. Your prompt review and written approval of this request is appreciated.

Signed,

[Name, Title, & Contact Information]

