



1235 34th Street
Missoula, MT 59801
(406) 549-4113

Verification of Request for Reasonable Accommodation

For: _____
(Name of Participant or Applicant)

Address: _____

The person listed above has asked for the reasonable accommodation described in the attached Request for Reasonable Accommodation form, and has signed the release of information on the form to permit you to help us verify this request.

Please see the back of this sheet for the definitions of “reasonable accommodation” and “disabled” as recognized under Federal law.

Using the Federally recognized definition of a disability, is the person listed above a person with a disability?

YES () NO ()

In your professional opinion, does the person need the accommodation in the attached Reasonable Accommodation Request Form to have an opportunity equal to that of a non-disabled person to participate in one of our housing assistance programs?

YES () NO ()

Signature of Knowledgeable Professional

Date

Printed Name & Title

NOTE: All information you provide is confidential and will be used only to verify the need for the requested accommodation as a result of a disability.



DEFINITIONS

Federal regulations under the Fair Housing Amendments Act, Section 504 of the Rehabilitation Act of 1973, and the Americans with Disabilities Act, define **disability** as:

1. a physical or mental impairment that substantially limits one or more major life activities;
2. a record of such an impairment;
3. being regarded as having such an impairment.

A physical or mental impairment includes:

1. any physiological disorder or condition;
2. cosmetic disfigurement;
3. anatomical loss affecting one or more of the following body systems: neurological, musculoskeletal, special sense organs, respiratory, speech organs, cardiovascular, reproductive, digestive, genitor-urinary, hemic and lymphatic, skin and endocrine;
4. any mental or psychological disorder, such as cognitive delays, organic brain syndrome, emotional or mental illness, and/or learning disabilities.

Drug addiction (other than addiction caused by **current**, illegal use of a controlled substance) and alcoholism (other than addiction caused by **current** use) are covered by these provisions as are, for example, cancer, heart disease, HIV, AIDS, and temporary disabilities (such as broken limbs or pregnancy).

A **reasonable accommodation** is an exception or change to a rule, policy, or procedure, or a modification to a housing unit, that allows a person with a disability to have an opportunity equal to that of a non-disabled person to participate in one of our housing assistance programs. Federal and state laws require housing providers to make such accommodations provided the request does not cause an undue financial burden or an administrative hardship. For example, a person who uses a wheelchair may need a ramp to access an apartment, or a person may need the assistance of an outside agency to meet the terms of the lease.

IMPORTANT: The knowledgeable professional verifying the disability and need for an accommodation and/or modification IS NOT required to reveal the specific nature and/or severity of the individual's disability.



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Request for Reasonable Accommodation and Release

If you or a member of your household has a disability, and you feel that a reasonable accommodation will allow opportunity to access and use one of our housing assistance programs, please complete this form and the release below and return to the Missoula Housing Authority office. Check all items that apply and explain fully. If you need help filling out the request form, please ask us for assistance. We will answer this request within 20 business days.

Name of Participant or Applicant: _____

Release: I hereby authorize the knowledgeable professional listed below to provide the information requested on the attached Verification to Missoula Housing Authority for the limited purpose of verifying that the person named has a disability and that the requested accommodation is needed as a result of that disability.

Participant/ Applicant Signature Date

1. The person who has a disability requiring a reasonable accommodation is (check one):

____ Myself _____ Household member _____
(Name of Household Member)

2. I am requesting the following change or changes so that my household members and I can more easily participate in one of your housing assistance programs:

____ A physical change in my housing unit. I need the following change:

____ A change in a rule, policy, or way you do things. I need the following change:

3. **Knowledgeable professional** who can verify the disability and the need for the requested accommodation:

Name & Title: _____

Organization: _____

Address: _____ Phone #: _____



Notice of Right to Reasonable Accommodation

If you or a member of your household has a disability, and as a result of that disability you need...

- A change in our rules or policies that would give you an equal chance to participate in one of our housing assistance programs, or
- a change or repair in your unit or a special type of unit that would give you an equal chance to participate in one of our programs ,or
- a chance in the way we communicate with you or give you information,

, then you may ask for a **REASONABLE ACCOMMODATION**.

If you can show that you or a member of your household has a disability, and if your request is reasonable we will try to make the changes you request. "Reasonable" means that it would not cause the housing authority an undue financial burden (it's not too expensive) or administrative burden (it's not too difficult to arrange). Examples of reasonable accommodations include:

- Building a ramp so a person in a wheelchair can access the unit,
- Making large-type documents or a reader available to a visually-impaired person,
- Permitting an outside agency to assist a disabled person in a meeting the terms of the lease.

A disabled person must still be able to meet the obligations of tenancy. They must be able to pay rent, to care for the apartment, to report required information to the Missoula Housing Authority, avoid disturbing their neighbors, etc., but there is no requirement that they be able to do these things without assistance.

You must also have a knowledgeable professional verify that there is a disability and that the accommodation is needed as a result of the disability.

You can get a reasonable accommodation request form (for you to complete) and a verification of request for reasonable accommodation form (for your knowledgeable professional to complete) from Missoula Housing Authority employees. If you need help filling out the reasonable accommodation request form, please ask us for assistance.

We will give you an answer within 20 business days unless there is a problem getting the information we need or unless you agree to a longer time. We will let you know if we need more information or verification from you, or if we would like to talk to you about other ways to meet your needs.

If we turn down your request, we will explain the reason in writing. You have the right to request an informal hearing if you disagree with our decision.

NOTE: All information you provide is confidential and will be used only to help you have an equal opportunity to participate in one of our housing assistance programs.