

REQUEST FOR REASONABLE ACCOMMODATION

This form is provided only for your convenience. You are not required to use this form to make a Reasonable Accommodation request. You may make a Reasonable Accommodation request on your own form or by verbal request.

Your Name _____
Address _____
City, State, Zip _____
Phone Number _____

1. The following member of my household has a disability:

2. Please provide the following change or changes so that the person listed above can live here as easily and successfully as the other residents. Check the kind needed:

_____ A change in the apartment or other part of the housing complex.
(Please tell us what is needed below. Use the other side, if necessary.)

_____ A change in the following rule or the way things are done. I understand that I may ask for changes in how I meet the terms of the lease, but that everyone must continue to meet the terms of the lease.
(Please tell us what is needed below. Use the other side, if necessary.)

3. Please tell us what Accommodation is needed:

4. This Accommodation is needed because:
(*please do not disclose the nature nor severity of the disability*)

5. If you have asked for a physical modification to your apartment, please use this space to list any company or organization that might help us locate what you need.

Signed: _____ Date: _____

In order to best assist you with your request, please give the *“Certificate of Need for a Reasonable Accommodation or Modification”* form to a licensed health professional or another reliable person who is in a position to know of and verify the disability-related need for the accommodation.

Please contact us anytime at (208) 570-6830 if you have questions about how to make an accommodation request or about the status of your request.

City of Boise
Housing and Community Development Division
150 North Capitol Boulevard
Boise, Idaho 83702

CERTIFICATION OF NEED FOR A REASONABLE ACCOMMODATION OR MODIFICATION

Tenant / Applicant Name :

Address: _____

Phone: _____

I hereby request that you complete the following certification and return it to me at the address listed above.

Signed: _____ Date: _____

To be completed by a licensed health professional or another reliable person who is in a position to know of and verify the disability-related need for the accommodation.

- 1. Do you feel you are familiar enough with the Tenant / Applicant to render an opinion regarding the functional limitations imposed by any disability they might have and the accommodation needs?
 Yes No
- 2. In my opinion and applying the definition at the bottom of page 2, this Tenant / Applicant is handicapped.
 Yes No
- 3. Does the Tenant's / Applicant's disability require that **an accessible unit** be made available to them when available or that **a physical modification** be made to the unit or common areas?
 Yes No

If yes, the following change(s) to the apartment or common areas are necessary, as a direct result of a disability, for the Tenant / Applicant to have an equal housing opportunity:

Please explain why this accommodation is needed without disclosing the nature nor severity of the disability (i.e. the nexus between the disability and the requested accommodation). Failure to provide information related to nexus may delay action on the request for an Accommodation.

- 4. Does the Tenant's / Applicant's disability require that a reasonable accommodation to **policies or procedures** of the housing department be made in order for the Tenant / Applicant to have an equal opportunity to live successfully in this housing?
 Yes No

If yes, the following accommodation to policies or procedures is necessary, as a direct result of a disability, for the Tenant / Applicant to have an equal housing opportunity:

Please explain why this accommodation is needed without disclosing the nature nor severity of the disability (i.e. the nexus between the disability and the requested accommodation). Failure to provide information related to nexus may delay action on the request for an Accommodation.

5. If specialized equipment is requested as part of the reasonable accommodation, please list where such equipment may be obtained:

Date: _____

Signature

Printed Name

Title (if any)

Address

Phone

“HANDICAP” IS DEFINED BY FEDERAL REGULATIONS (24 CFR §100.201) AS FOLLOWS:

(for reference in determining whether tenant meets definition of “handicap”)

“Handicap” means, with respect to a person, a physical or mental impairment which substantially limits one or more major life activities; a record of such an impairment; or being regarded as having such an impairment. This term does not include current, illegal use of or addiction to a controlled substance. For purposes of this part, an individual shall not be considered to have a handicap solely because that individual is a transvestite. As used in this definition:

- (a) “Physical or mental impairment” includes:
- (1) Any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems: Neurological; musculoskeletal; special sense organs; respiratory, including speech organs; cardiovascular; reproductive; digestive; genito-urinary; hemic and lymphatic; skin; and endocrine; or
 - (2) Any mental or psychological disorder, such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities. The term “physical or mental impairment” includes, but is not limited to, such diseases and conditions as orthopedic, visual, speech and hearing impairments, cerebral palsy, autism, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, Human Immunodeficiency Virus infection, mental retardation, emotional illness, drug addiction (other than addiction caused by current, illegal use of a controlled substance) and alcoholism.
- (b) “Major life activities” means functions such as caring for one’s self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning and working.
- (c) “Has a record of such an impairment” means has a history of, or has been misclassified as having, a mental or physical impairment that substantially limits one or more major life activities.
- (d) “Is regarded as having an impairment” means:
- (1) Has a physical or mental impairment that does not substantially limit one or more major life activities but that is treated by another person as constituting such a limitation;
 - (2) Has a physical or mental impairment that substantially limits one or more major life activities only as a result of the attitudes of other toward such impairment; or
 - (3) Has none of the impairments defined in paragraph (a) of this definition but is treated by another person as having such an impairment.