

# Northeast Oregon Housing Authority

## Serving Union-Grant-Baker & Wallowa County

**Mailing Address**

P.O. Box 3357

**Office Location**2608 May Lane  
La Grande, OR**PHONE:** 541-963-5360

800-425-8638

**WEBSITE:** [www.neoha.org](http://www.neoha.org)**FAX:** 541-963-3682**TDD:** 541-963-2465**EMAIL:** [neoha@uwtc.net](mailto:neoha@uwtc.net)

Northeast Oregon Housing Authority does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in its federally assisted programs and activities. NEOHA Executive Director has been designated to coordinate compliance with the nondiscrimination requirements contained in the HUD regulations implementing Section 504 (24CFR,pt8)11/2013

## **NOTICE OF AVAILABILITY OF REASONABLE ACCOMMODATION ASSISTANCE ANIMAL**

Under the law, you have the right to request a change in our rules, regulations, practices, or procedures

**IF** you have a disability **AND**

The requested change will better enable you to use and enjoy the property you rent.

We may require you

- to document the existence of the disability and
- to obtain verification from a qualified person (counselor, doctor, social worker or rehabilitation center) that the accommodation is related to the disability and would give you equal opportunity to use and enjoy the housing.

If you would like the owner of your rental to make modifications in your rental or to some other part of the property to accommodate your disability, let **NEOHA** know and we will try to negotiate with your Landlord / Owner. Your request must be reasonable, not too expensive and not too difficult to arrange.

A response to the request for **REASONABLE ACCOMMODATION** will be given to you within 30 days, unless there is a problem getting the information. We will let you know if we need more information, more verification or if we would like to talk with you about other ways to meet your needs.

If your request for **REASONABLE ACCOMMODATION** is turned down, we will explain the reasons. If you need further information, we will give it to you. You have a right to a hearing or grievance if you do not agree.

If you need help filling out a **REASONABLE ACCOMMODATION Request Form** or if you want to give us your request in some other format, please let us know.

You may obtain a **REASONABLE ACCOMMODATION REQUEST FORM** at:

**NORTHEAST OREGON HOUSING AUTHORITY OFFICE  
2608 MAY LANE  
LA GRANDE, OR 97850**

or notify **NEOHA** at the listed telephone numbers or email, and we can mail a copy of the request form to you.

**1-541-963-5360**

**1-800-452-8638**

**1-541-963-2465 - TTD**

**email - [neoha@uwtc.net](mailto:neoha@uwtc.net)**

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## REASONABLE ACCOMMODATION REQUEST TO ALLOW ASSISTANCE ANIMAL

I, \_\_\_\_\_  
the name of the Housing Recipient for whom the accommodation is requested

ADDRESS: \_\_\_\_\_ CITY, STATE, ZIP \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

I am disabled and I request a modification regulations and procedures regarding the Pet Policy.

My "Assistance Animal", as described on the attached form "Request For Ownership Of Assistance Animal", meets the criteria as defined in the Pet Policy.

**21. Assistance Animals**

Assistance animals are animals that work, provide assistance, or perform tasks for the benefit of a person with a disability, or animals that provide emotional support that alleviates one or more identified symptoms or effects of a person's disability. Some, but not all, animals that assist persons with disabilities are professionally trained. Other assistance animals are trained by the owners themselves and, in some cases, no special training is required. The question is whether or not the animal performs the assistance or provides the benefit needed as a reasonable accommodation by the person with the disability.

**The reason for this specific assistance animal is** \_\_\_\_\_

The name & address of the qualified person (counselor, doctor, social worker or rehabilitation center) who can provide you with the necessary verification is:

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

TELEPHONE \_\_\_\_\_

\* THIS QUALIFIED PERSON IS TO COMPLETE THE ATTACHED VERIFICATION FORM

I authorize you to contact this person. I understand that you will be asking for the verifications found on the attached form. I authorize the above named qualified person to give you such information.

\_\_\_\_\_  
signature of the Housing Recipient whom accommodation is requested date

➤➤➤➤➤ NEOHA EXECUTIVE DIRECTOR RECOMMENDATION ➤➤➤➤➤

The Request For A Reasonable Accommodation Has Been Reviewed

APPROVED DENIED

\_\_\_\_\_  
Dale Inslee, NEOHA Executive Director (DATE)

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## REASONABLE ACCOMMODATION VERIFICATION

### TO ALLOW ASSISTANCE ANIMAL

To: \_\_\_\_\_

\* THIS VERIFICATION IS TO BE COMPLETED BY THE QUALIFIED PERSON NAMED ON THE REQUEST

A NEOHA Housing Recipient, \_\_\_\_\_, has requested that, **NE OREGON HOUSING AUTHORITY**  
name of the Housing Recipient requesting the accommodation ,

amend our rules, regulations, practices or procedures (see attached Reasonable Accommodation Request) as an accommodation, which will enable him/her to use & enjoy the rental property.

We are required under Federal Fair Housing laws to make reasonable accommodations when such accommodation will give someone who is disabled an equal opportunity to use and enjoy their housing.

We are not required to & do not approve accommodations that are a matter of convenience or preference only.

Under Federal Law, someone is handicapped or disabled if they suffer "a physical or mental impairment which substantially limits one or more major life activities", or if they have "a record of such an impairment" or "are regarded as having such an impairment". Not included in the definition is someone who is a current illegal user of controlled substances.

#### A physical or mental impairment means

- 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.

Such an 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 controlled substance) and alcoholism."

The term "major life activities means "functions such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working.

**IN ORDER TO DETERMINE IF THIS HOUSING RECIPIENT AND THE REQUESTED ACCOMMODATION FIT WITHIN THE TERMS OF THE LAW, WOULD YOU KINDLY VERIFY THE FOLLOWING;**

*NOTE: Section 1001 of Title 18 of the U. S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.*

It is my professional opinion that: [ MARK  APPROPRIATE BOX(ES) ]

The person listed above **DOES NOT** meet the definition of an individual with a disability

The person listed above **DOES** meet the definition of an individual with a disability

YES  NO The requested accommodation – *the need for this specific assistance animal* -- is directly related to the disability and is necessary to access housing, maintain housing, or fully use/enjoy housing.  
(Necessary indicates necessity as opposed to only the matter of convenience or preference.)

**The reason for this assistance animal is** \_\_\_\_\_



\_\_\_\_\_  
Qualified Professional Signature

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PROFESSIONAL TITLE // ORGANIZATION

\_\_\_\_\_  
Address, city, state zip

\_\_\_\_\_  
telephone #

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### REQUEST FOR ASSISTANCE / COMPANION ANIMAL

Date \_\_\_\_\_.

Property \_\_\_\_\_.

Resident Name \_\_\_\_\_.

Address \_\_\_\_\_.

City, State, Zip \_\_\_\_\_.

The reason for this specific assistance animal is \_\_\_\_\_.

#### \*Requirements - Current Picture of Your Assistance Animal + Current Inoculation Records

Northeast Oregon Housing Authority has granted Residents request for an aid / assistance / companion animal.

The resident agrees to the following:

1. Only the following described animal will reside in my apartment

PET NAME	D O G	C A T	BREED	AGE	MALE	FEMALE	FULL GROWN WEIGHT	FULL GROWN HEIGHT	REGISTRATION DATE	INNICULATIONS DATE

- The assistance animal must be properly licensed and have shots required by statute or regulation at all times.
- No assistance animal with a history of aggressive, threatening or violet behavior will be allowed
- The assistance animal will not be allowed out of my apartment except when under my control.
- The assistance animal will not be chained or tied in any way to the exterior part of the building
- The assistance animal will not be allowed to use any part of the property for depositing waste.. Should this occur accidentally, I will immediately pick up the waste.
- The assistance animal will not be allowed to make excessive noise or engage in threatening conduct which might disturb other residents.
- Any animal waste that is accumulated in a tray inside the apartment will be disposed of properly and promptly.
- The resident will immediately notify the manager of personal injury or property damage caused by the assistance animal.
- Any damage attributed to the assistance animal will be paid promptly by the resident.
- Any additional assistance animals or any change of assistance animal will require a new agreement.

#### EMERGENCY CAREGIVER FOR THIS ANIMAL

NAME \_\_\_\_\_.

ADDRESS \_\_\_\_\_.

TELEPHONE \_\_\_\_\_.

#### NO ADDITIONAL FEE, DEPOSIT OR INSURANCE WILL BE CHARGED OR REQUIRED RELATING TO THE ASSISTANCE ANIMAL.

This agreement does not in any way alter the Landlords right to pursue an eviction under the Landlord/Tenant Law.

I certify that my assistance animal has no history of aggressive, threatening or violent behavior.

I agree to the above provisions.

\_\_\_\_\_  
Resident Date

\_\_\_\_\_  
NEOHA Representative Date