

Northeast Oregon Housing Authority

Serving Union-Grant-Baker & Wallowa County

Mailing Address

P.O. Box 3357

La Grande, OR 97850

Office Location

2608 May Lane



PHONE: 541-963-5360

800-425-8638

WEBSITE: www.neoha.org

FAX: 541-963-3682

TDD: 541-963-2465

EMAIL: 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

REASONABLE ACCOMMODATION VERIFICATION RENT FROM A RELATIVE

To: _____

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

A NEOHA Housing Recipient,

_____, has requested that we,

name of the Housing Recipient requesting the accommodation

NORTHEAST OREGON HOUSING AUTHORITY, 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 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, genitourinary, 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.
3. 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 retardations, emotional illness, drug addiction (other than addiction caused by current illegal use of controlled substance) and alcoholism."
4. 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 ACCOMMODATIONS FIT WITHIN THE TERMS OF THE LAW, WOULD YOU KINDLY VERIFY THE FOLLOWING;

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 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.)



SIGNATURE

DATE

PROFESSIONAL TITLE // ORGANIZATION

ADDRESS

CITY, STATE, ZIP

TELEPHONE#

Northeast Oregon Housing Authority does not discriminate on the basis of disability status in the admission or access to, or employment in, its federally assisted programs and activities. The person named below has been designated to coordinate compliance with the nondiscrimination requirements contained in the HUD regulations implementing Section 504 (24CFR, part 8 dated June 2, 1998): NEOHA Executive Director (see above letterhead for address & telephone #'s)

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REASONABLE ACCOMMODATION VERIFICATION RENT FROM A RELATIVE

DATE: _____

I, _____
The name of the Housing Recipient for whom the accommodation is required

ADDRESS: _____

CITY, STATE, ZIP: _____

Request a modification of the rules, regulations, practices or procedures which will enable me to use & enjoy my rental property. ***ACCORDING TO HUD FEDERAL REGISTER #982.306 EFFECTIVE 06/17/1998***

“(d) the HOUSING AUTHORITY (HA) **MUST NOT APPROVE A UNIT IF THE OWNER IS THE PARENT, CHILD GRANDPARENT, GRANDCHILD, SISTER OR BROTHER OF ANY MEMBER OF THE FAMILY.** UNLESS THE HA DETERMINES THAT APPROVING THE UNIT WOULD PROVIDE REASONABLE ACCOMMODATION FOR A FAMILY MEMBER WHO IS A PERSON WITH DISABILITIES”.

Describe how renting the specific unit from your relative would allow participation in the housing program in a way that would otherwise not be possible for you due to your disability.

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, EXECUTIVE DIRECTOR