

## SAMPLE

### Healthcare Provider's Verification Letter

(Please print on agency / clinic letterhead)

Date \_\_\_\_\_

To Whom It May Concern / Housing Provider:

I have been Patient name's doctor, nurse, therapist, etc., for specify period time.

I am aware that Fair Housing Act and Section 504 of the Rehabilitation Act define disability as:

- 1 A physical or mental impairment which substantially limits one or more of the person's major life activities, and / or
- 2 A record of having a physical or mental impairment which substantially limits one or more of the person's major life activities, and / or
- 3 Being regarded as having a physical or mental impairment which substantially limits one or more of the person's major life activities.

\*Use the **WA definition** of disability if it is a temporary or mitigated condition.

Major life activity includes, but is not limited to: caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and / or working.

I affirm that Patient name has a **DISABILITY** which meets this legal definition.

Patient name has disabilities that **REQUIRE / NEED: describe what is needed** (Examples: a lease release, a reserved parking space, a tenancy extension of 30-60 days, an assistance animal, a release of lease without penalty, a transfer of units, etc.)

It is imperative that patient name be granted the describe what is needed as soon as possible, otherwise, patient name's disabilities will be exacerbated and worsen.

Sincerely, Doctor, Therapist, Social Worker, Independent Living Specialist, etc.

### Requests generally include one of the following circumstances:

**The tenant cannot easily get to and from their housing or move around within their housing without the accommodation. For example:**

- A tenant with a mobility impairment requests a reserved parking spot in a complex that does not ordinarily assign parking spaces.
- A blind tenant requests to have a seeing-eye dog in an apartment complex that does not accept pets.

**The tenant needs the accommodation in order to have "peaceful enjoyment" of their housing. For example:**

- A tenant with a mental or emotional disability requests a landlord to waive a pet deposit for an assistance animal prescribed for post-traumatic stress disorder, in a complex that ordinarily requires pet deposits.
- A tenant with chemical sensitivities requests to be notified in advance of painting or fumigating.

**The tenant needs to waive a provision that is standard in the rental agreement, lease or rental application process. For example:**

- A tenant with an anxiety disorder requests permission to terminate her lease early without penalty because the high level of noise in the complex has aggravated her condition.
- A tenant who was evicted previously because of behavior associated with a mental disability requests the landlord overlook this aspect of his rental history as medications have eliminated those behaviors.

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## Guidance for Health Care Providers for Verifying Reasonable Accommodations in Housing



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## Reasonable Accommodations and Modifications

Fair housing laws allow an individual who has a physical, mental, or sensory disability to request that a housing provider grant a **reasonable accommodation** (a change, exception, or adjustment to a rule, policy, practice, or service necessary for a person with a disability to have an equal opportunity to use and enjoy a **dwelling**, or public and common use spaces) or a **reasonable modification** (structural change to a dwelling or common area). Once an applicant or resident has made a request, a housing provider may ask for written verification of a disability and / or the disability-related need for the accommodation, if not obvious or known.



**Who Can Verify a Disability?** The verification of a disability or need may come from a medical professional, peer support group, non-medical service agency, or another reliable third party who is in a position to know about the person's disability and / or need for the accommodation.

**Who Can Ask You to Verify a Reasonable Accommodation Request?** Any patient or client with a physical or mental disability may ask you to verify a reasonable accommodation request. This verification corroborates that the person has a disability as defined by fair housing law, and needs the accommodation they are requesting because of a disability.

## Who Has a Disability?

The federal Fair Housing Act defines persons with disabilities as:

- (1) individuals with a **physical or mental impairment that substantially limits one or more major life activities;**
- (2) individuals regarded as having such an impairment; and
- (3) individuals with a record of such an impairment.

**"Physical or mental impairment"** includes, but is not limited to:

- ◆ 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 • endocrine
- ◆ Any mental or psychological disorder, such as: mental retardation • organic brain syndrome • emotional or mental illness • specific learning disabilities.

**Included disabilities:** orthopedic, visual, speech and hearing impairments, multiple sclerosis, cancer, heart disease, cerebral palsy, autism, epilepsy, muscular dystrophy, diabetes, HIV infection, mental retardation, emotional illness, substance abuse disorders (except current unlawful use), alcoholism

### Washington:

The WA Law Against Discrimination defines **disability** as **"the presence of a sensory, mental, or physical impairment that: (i) is medically cognizable or diagnosable or (ii) exists as a record or history or (iii) is perceived to exist whether or not it exists in fact."** Additionally, "a disability exists whether it is **temporary** or permanent, common or uncommon, **mitigated** or unmitigated ... or whether or not it limits any other activity...." (RCW 49.60.040)

## The verification should include the following information:

1. **Qualification of person** writing the verification letter
2. **Nature of relationship** the professional has with the person making the request
3. Statement that the person has a disability that **meets the federal Fair Housing Act and /or WA Law Against Discrimination definition**

### Important:

- It is unlawful for a housing provider to ask about the **nature or severity** of a person's disabilities.
  - Revealing a diagnosis puts an individual at risk of additional discrimination. Before naming a specific diagnosis or category of disability, obtain the person's informed consent.
4. **Describe how the accommodation or modification requested is necessary** to afford the person the equal opportunity to access housing, maintain housing, or for full use and enjoyment of the housing or housing related service. Because housing providers must make only those accommodations or modifications that are necessary, be sure to use words like: "necessary," "essential," "prescribed" when describing that the condition creates a need for the accommodation or modification. The role of the verifier is to establish that the need derives from the disability.

Information herein is based in part on the *Joint Statement, Dept. HUD & DOJ, Reasonable Accommodations Under the Fair Housing Act, May 17, 2004*. The information contained in this brochure is not intended as a substitute for legal advice.