

Sample Verification Letter

Printed on the Healthcare provider's letterhead

(Part I)

Date:

To Whom It May Concern/Housing Provider:

I have been _____ Name _____'s
[counselor, nurse, doctor, therapist, psychiatrist, etc.]
since _____.

I am aware that the 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.

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 _____ Name _____ has a disability which meets this legal definition.

(Part II)

_____ Name _____ has disabilities that REQUIRE *
It is necessary _____ Name _____ be granted _____ * _____ as
quickly as possible so _____ Name _____'s disabilities will not
be exacerbated and/or continue to worsen.

Sincerely,

Doctor, Therapist, Social Worker, Psychiatrist,
Independent Living Specialist, etc.
Healthcare Provider's Contact info

***RA** Examples:

a reserved parking space, a tenancy extension of 30-60 days, an assistance animal, a release of lease without penalty, a transfer of units, submission of rent via mail, etc.

***RM** Examples:

grab bar or ramp installation, replacing round door knobs with flat lever door openers, lower counters, widen a door way, put in a roll in shower, etc.



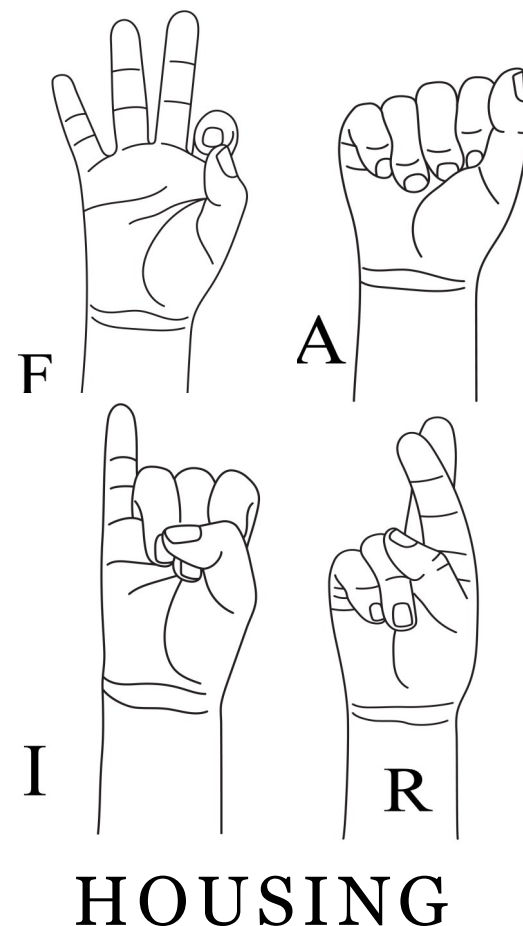
If you think you have been discriminated against in a housing transaction, contact:

Northwest Fair Housing Alliance
35 W. Main Ave. Suite 250
Spokane, WA 99201
(509) 325-2665
I-800-200-FAIR (3247)
Fax: I-866-376-6308

www.nwfairhouse.org



Our services are free and our office is accessible.
If you need an ASL interpreter, please let us know and we will accommodate you.



Reasonable
Accommodation
Guidance for the Deaf



NORTHWEST FAIR
HOUSING ALLIANCE

"Working to ensure equal housing for all"

Reasonable Accommodations (RAs)

are a change, exception, or adjustment to a rule, policy, practice, or service that allows a person with a disability to use and enjoy housing, including public and common use areas.

Examples:

- Request a hearing alert assistance animal in housing
- Request a Public Housing Authority provide an ASL Interpreter at briefings or informal hearings
- Request a 3rd party person receive written notices about your housing to support your success in a tenancy
- Request a property manager to communicate with you using Video Phone, Text or E-mail

Who pays?

Reasonable Accommodations:

RA's are granted without cost to the resident. No extra fees or deposits may be charged to the person requesting the RA. Any request must be "reasonable." It may not place an undue financial and administrative burden on the housing provider or alter the fundamental nature of their program.

Reasonable Modifications:

Residents usually pay, unless they live in a federally subsidized unit. Residents may be asked to:

- Return the premises to its original state at departure and/or
- Agree to pay into an interest-bearing escrow, over a reasonable period, an amount of money not to exceed the cost of the restorations. To avoid misunderstandings or surprises—Get an agreement in writing!

NOTE: As in most tenancies, any damages caused by the tenant or their guests/animals beyond normal wear and tear, may be charged to the tenant during tenancy or at move out.

Reasonable Modifications (RMs) are a physical change made to a resident's living space, or to the common areas of a community, which is necessary to enable a resident with a disability to have use and enjoyment of the housing. Reasonable modifications can include structural changes to interiors and exteriors of dwellings.

Examples:

- Installing a doorbell for hard of hearing
- Adding a strobe light smoke and fire alarm
- Requesting a "Deaf Child" sign be installed in a driving or parking area of an apartment complex



Social Service Agencies, Charitable Organizations, or Churches may be able to help you with the expense.

Call 211 for a list of agencies in your area.

When Requesting a RA/RM

- A person with a disability, or the person's representative (a friend, family member, advocacy organization or other representative) can make the request. There is no specific form or format that must be used for requests.
- Requests can be made verbally. **It is highly recommended that requests be made in writing.** Keep a copy of the RA requested for your records.
- The request does not need to disclose the nature or severity of the individual's disability.
- For an accommodation or modification it is necessary to show that there is a need directly related to the one's disability
- The requester may be asked to provide a **verification letter** from a health care provider or a reliable third party who knows about the individual's disability (see example on back side of this flap),
- Obvious or visible disabilities **do not** require verification of the disability—but may require verification of the disability related need (s)
- A RA/RM request may be made at any time in one's tenancy (from application to an eviction).
- There is not a limit on the number of RA's / RM's a person may request.



Interpreters Available or Please request a Sign Language Interpreter



Flashing Audio doorbell