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
25 W. Main Ave., Suite 250
Spokane, WA 99201
(509)-325-2665
1-800-200-FAIR (3247)
Fax: 1-866-376-6308

www.nwfairhouse.org

NWFHA can advise you of your options.

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 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 or administrative burden on the housing provider or alter the fundamental nature of their program.

**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

**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.

**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.

**Interpreters Available or Please request a Sign Language Interpreter**

**Flashing Audio doorbell**