

REASONABLE ACCOMMODATION REQUEST VERIFICATION



CAMBRIDGE
real estate services

Please legibly complete the form prior to submittal. Incomplete or illegible forms may delay processing. You can return this form/request to your on-site manager, or mail/fax your completed request to the following:

Cambridge Real Estate Services, PO Box 2968, Portland, OR 97208, Fax: 503-450-0241

Date _____

Health Care Provider _____

Address _____ City, State, Zip _____

Property Name _____

Address _____ City, State, Zip _____

Manager Name _____

Household Member _____

Address _____ City, State, Zip _____

Type of Accommodation Requested _____

The household member named above is a tenant of, occupant of, or has applied for occupancy in, one of the units at our site. The household member has requested a change in our policies, procedures, or permission to alter a unit or some other aspect of our rental housing. The details of the request are set forth above.

The requested accommodation requires some change to our normal practices. However, if an individual qualifies as "disabled" under federal law and requires the requested accommodation in order to have an equal opportunity to use and enjoy the site, exceptions may be made to our normal practices.

We would appreciate your cooperation in answering the questions on this form. The household member noted above has consented to this release of information, as shown at the bottom of this page. Please complete the form by answering the two questions below. Once completed, please enclose in the self-addressed envelope included and provide to the individual making the request to bring to the site management office.

INFORMATION REQUESTED

Is the household member disabled as defined below? Yes No

In your professional opinion, does the household member need the requested accommodation in order to have the same opportunity that a non-disabled individual has to use and enjoy the site? Yes No

DEFINITIONS OF DISABLED

Under Federal law, an individual is disabled if he/she has a physical or mental impairment that substantially limits one or more major life activities; has a record of such an impairment; or is regarded as having such an impairment.

The term physical or mental 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 and alcoholism.

This definition doesn't include any individual who is a drug addict and currently using illegal drugs, or an alcoholic who poses a direct threat to property or safety because of alcohol use [24 CFR Part 8.3, and HUD handbook 4350.3, (Exhibit 2-2)].

By my signature below I agree to testify to my answers above in a court of law.

Name and title of person supplying information _____

Firm/Organization _____

Signature _____ Date _____

HOUSEHOLD MEMBER RELEASE

TO THE HOUSEHOLD MEMBER: YOU DO NOT HAVE TO SIGN THIS FORM IF THE NAME OR ADDRESS OF EITHER THE SITE MANAGER OR THE HEALTH CARE PROVIDER IS LEFT BLANK.

RELEASE: I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is not older than 12 months. There are circumstances which would require the owner to verify information that is up to 5 years old, which would be authorized by me on a separate consent attached to a copy of this consent.

Signature _____ Date _____

PENALTIES FOR MISUSING THIS CONSENT IF FEDERAL FUNDS INVOLVED

Title 18, Section 1001 of the U.S. Code states that person is guilty of a felony for knowingly and willingly making false and fraudulent statements to a department of the United States Government.

HUD, the PHA, and any owner (or employees of HUD, the PHA, or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on this consent form.

Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined to more than \$5,000.

Any applicant or participant affected by negligent disclosure of information may bring civil action for damages and seek other relief, as may be appropriate, against the officer or employee of HUD, the PHA, or the owner of unauthorized disclosure or improper use.

Penalty provisions for misusing the social security number are contained in the Social Security Act at 42 U.S.C. 208(f) (g) and (h). Violation of these provisions are cited as violations of 42 U.S.C. 408 f, g, and h.

SUPERVISOR APPROVAL

DATE