

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

NOTICE OF AVAILABILITY OF REASONABLE ACCOMMODATION

To occupy a larger unit than qualified for

Under the law, you have the right to request a change in our rules, regulations, practices, or procedures

IF you have a disability ***AND***

the requested change will better enable you to use and enjoy the property you rent.

We may require you

➤ to document the existence of the disability and

➤ to obtain verification from a qualified person (counselor, doctor, social worker or rehabilitation center) that the accommodation is related to the disability and would give you equal opportunity to use and enjoy the housing.

If you would like the owner of your rental to make modifications in your rental or to some other part of the property to accommodate your disability, let **NEOHA** know and we will try to negotiate with your Landlord / Owner. Your request must be reasonable, not too expensive and not too difficult to arrange.

A response to the request for **REASONABLE ACCOMMODATION** will be given to you within 30 days, unless there is a problem getting the information. We will let you know if we need more information, more verification or if we would like to talk with you about other ways to meet your needs.

If your request for **REASONABLE ACCOMMODATION** is turned down, we will explain the reasons. If you need further information, we will give it to you. You have a right to a hearing or grievance if you do not agree.

If you need help filling out a **REASONABLE ACCOMMODATION Request Form** or if you want to give us your request in some other format, please let us know.

You may obtain a **REASONABLE ACCOMMODATION REQUEST FORM** at:

**NORTHEAST OREGON HOUSING AUTHORITY OFFICE
2608 MAY LANE
LA GRANDE, OR 97850**

or notify **NEOHA** at the listed telephone numbers or email, and we can mail a copy of the request form to you.

1-541-963-5360

1-800-452-8638

1-541-963-2465 - TTD

email - neoha@uwtc.net

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REASONABLE ACCOMMODATION REQUEST

To occupy a larger unit than qualified for

DATE:

I, _____ request a modification of the rules, regulations, practices or procedures which will enable me to use & enjoy my rental property.
the name of the Housing Recipient for whom the accommodation is requested

ADDRESS: _____ CITY, STATE, ZIP _____ TELEPHONE: _____

Matching Single Persons to Units

Single persons are eligible families (if they meet all eligibility criteria for the property). However, single persons may not be placed on the two-bedroom waiting list or occupy a unit with two or more bedrooms except a person with a disability who needs the larger unit as a reasonable accommodation or an elderly person who has a verifiable need for a larger unit. Also a displaced person may be placed on the waiting lists for two-bedroom or larger units if no one-bedroom units are available.

Assigning Units Larger Than Required

An owner may assign a family to a larger unit than suggested by the owner's occupancy standards if one of the following conditions exists
(see exception for assigning a larger unit to a single person below):

No eligible family in need of the larger unit is available to move into the unit within 60 days, the property has the proper size unit for the family but it is not currently available, and the family agrees in writing to move at its own expense when a proper size unit becomes available.

A family needs a larger unit as a reasonable accommodation for a family member who is a person with a disability.

A single person must not be permitted to occupy a unit with two or more bedrooms, except for the following persons:

- A person with a disability who needs the larger unit as a reasonable accommodation.
- A displaced person when no appropriately sized unit is available.
- An elderly person who has a verifiable need for a larger unit.
- A remaining family member of a resident family when no appropriately sized unit is available.

The change requested is to allow my family to occupancy a _____ BDR unit because: _____

describe the reason you are requesting a larger unit

The name & address of the qualified person (counselor, doctor, social worker etc) who can provide you with the necessary verification is:

NAME: _____

TELEPHONE _____

ADDRESS _____ CITY, STATE, ZIP _____

* 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.

_____ Date _____
Signature of the Housing Recipient for whom accommodation is requested



NEOHA EXECUTIVE DIRECTOR RECOMMENDATION

THE REQUEST FOR A REASONABLE ACCOMMODATION HAS BEEN REVIEWED AND

APPROVED DENIED

_____ (DATE) _____
DALE INSLEE, EXECUTIVE DIRECTOR

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REASONABLE ACCOMMODATION VERIFICATION

to occupy a larger unit than qualified for

name & address of qualified person named on request form who may provide verification

name _____

address _____

city,state,zip _____ telephone _____

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

A NEOHA Housing Recipient, _____, has requested that we, **NORTHEAST**
name of the requesting Housing Recipient

OREGON HOUSING AUTHORITY change the 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 an impairment".
- ❖ Not included in the definition is someone who is a current illegal user of controlled substances.

A physical or mental 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, genito-urinary, 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.
- ❖ 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 retardation, emotional illness, drug addiction (other than addiction caused by current illegal use of controlled substance) and alcoholism."
 - ❖ 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 Accommodation Fit Within The Terms Of The Law, .

Please Certify 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 – *the need for a larger unit* -- 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

