



725 SUMMER STREET NE, SUITE B | SALEM, OR 97301
503-986-2000 | www.oregon.gov/OHCS

Oregon HUD 811 PRA Program Reasonable Accommodation Request

REV 04/27/2023

Notices & Forms for Participants in the Oregon HUD 811 Project Rental Assistance Program (PRA)

STOP Do not complete this form if you are not participating in the HUD 811 PRA program. We are unable to review requests for applicants or tenants for other programs or properties.

If you have a physical or mental impairment disability and need...

- A change to our policies that would give you an equal chance to access our housing,
- A change in the way we communicate with you or give you information,
- A physical change to your housing unit (Please see property management for this type of request).

Your Request

If you can show that you have a disability or health problem that interferes with your use of housing, and if your request is reasonable, we will try to accommodate your request. You can ask for this accommodation by contacting the HUD 811 Program Analyst at the contact phone number or email below.

OHA Behavioral Health service providers or ODHS/ODDS service coordinators/personal agents can assist you in filling out a Reasonable Accommodation Request Form if needed.

Our Response

Once we receive your request, we will provide you with an answer in 14 days, unless there is a problem obtaining the information we need, or unless you have agreed to a longer response time. We will let you know if we need more information or verification from you or if we would like to talk with you about other ways to meet your needs. If we deny your request, we will explain the reason(s) for the denial in writing. You can subsequently give us more information if you think that it may help with the reconsideration of your request. You may also appeal our decision by contacting the OHCS Compliance Manager.

Confidentiality

All information provided will be kept confidential and will only be used to help you have an equal opportunity to enjoy your housing. It is illegal to deny you services or retaliate against you because you have requested a Reasonable Accommodation.

For more information

Melinda Alfaro, HUD 811 Program Analyst
Salem: (503) 986-2113 | Toll-Free: 1-800-453-5511
Email: melinda.alfaro@hcs.oregon.gov



The following applicant has indicated that they have a physical or mental impairment that limits his or her ability to occupy our housing.

Name: _____ Date: _____

As a result of the disability, this person is requesting the following Reasonable Accommodation(s):

- A change in a policy, practice, or procedure (describe what it is you want):

- A physical change in the housing unit: Please contact the property management company to request a Reasonable Accommodation for a physical change.

Verification of Need

You MAY be asked to allow us to verify the need for this accommodation. If so, the information we obtain will be kept completely confidential and used solely to determine that accommodation is needed.

Provide the name and address of the qualified person (such as a doctor, health care provider, or social worker) who can provide the necessary verification.

First & Last Name: _____
Mailing Address: _____
City / State / Zip: _____
Phone: _____ Fax: _____
Email Address: _____

Providing the Accommodation

If we cannot provide this accommodation immediately, you will get an answer to this request within 14 days. If you do not agree with the response, you may appeal the decision to:

Oregon Housing & Community Services
State Development Resources
725 Summer Street NE, Suite B Salem, OR 97301
Phone: (800) 453-5511, Option 7
Email: 811PRA.Appeals@hcs.oregon.gov



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TO: _____

Phone: _____ Fax: _____

From:



OREGON HOUSING *and*
COMMUNITY SERVICES

725 SUMMER STREET NE, SUITE B | SALEM, OR 97301
503-986-2000 | www.oregon.gov/OHCS

Dear _____,

On the back of this page is a form signed by _____,
[applicant's name] asking you to verify his or her disability and the need for a reasonable accommodation.

State and federal laws require entities, such as us, to make reasonable changes to policies, practices, procedures, and/or physical changes to housing units if such changes are necessary to enable a person with a disability to have equal access to, and enjoyment of, the housing. Please note that such changes must be necessary as a result of the person's disability.

Please indicate on the form whether you believe that this individual has a disability (as defined in the question) and whether the accommodation requested is necessary and will achieve its purpose. Please also feel free to add any additional information or suggestions that would help make the right accommodation for this person. This form should not be used to discuss the person's diagnosis or any other information that is not directly relevant to the request for accommodation.

Please return the form to:

Melinda Alfaro, HUD 811 Program Analyst

725 Summer Street NE, Suite B Salem, OR 97301

Phone: (503) 986-2113

Fax: (503) 986-2020

Email: melinda.alfaro@hcs.oregon.gov

If you have any questions, please feel free to call the contact above.

Thank you very much for your assistance.



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Applicant Name: _____
Mailing Address: _____
City / State / Zip: _____
Primary Phone: _____

I have requested the accommodation below and ask that you fill out the following certification. I authorize OHCS to contact the person addressed To: on page 1. I understand that OHCS will be asking for verifications found on the reverse of this form. I authorize the above-named qualified person to release such information directly to OHCS.

Signed: _____ Date: _____

“Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper use of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains, or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not 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 or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208 (a) (6), (7), and (8).
Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7), and (8).

Certification:

The individual who has signed above has requested the following reasonable accommodation(s) and has requested that you verify:

Please indicate here:

- 1. Do you believe the individual has a physical or mental impairment that limits a major life activity? Yes No
- 2. Do you believe the accommodation is necessary and will achieve its stated purpose? Yes No Cannot verify
- 3. Is there any other information that would help make the right accommodation for this person?

Signature

Date

Title of Physician or Professional

Address

Phone

