



## Landlord Compensation Fund (LCF)

### Reasonable Accommodation Request Notice & Form

Federal Fair Housing law requires that any individual with a disability may request a reasonable accommodation for the purpose of:

- A change, exception or adjustment to a rule, policy, practice or service associated with the Landlord Compensation Fund; or
- A change in the way LCF communicates with you or provides you information.

Under Federal Law, **disability is defined as:** an individual who 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.

OHCS is committed to upholding the letter and intent of this law and invites any applicant to request a Reasonable Accommodation if they determine that their access to this program is being limited due to a disability.

#### ***Request the Accommodation***

The Reasonable Accommodation Form, found on page 2, should be filled out and returned by e-mail to the e-mail address listed below. OHCS will also accept verbal requests and can fill the information out below for the applicant if requested. It's important that LCF staff understand the relief or action being sought and how this relief allows better access to the LCF program.

#### ***Our Response***

Once we receive your request, we will provide you with an answer quickly (no longer than 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 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 LCF Program 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. Please note, OHCS does not need to know what your disability is, only how it limits your access to the LCF Program

***For more information*** - LCF Program: Email: [HCS.LCF@Oregon.Gov](mailto:HCS.LCF@Oregon.Gov)



Reasonable Accommodation Form

Requestor Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_

The following individual has a disability as defined below - Name: \_\_\_\_\_

A physical or mental impairment that substantially limits one or more life activities; or a record of having such an impairment; or regarded as having such an impairment

This individual is a:      Applicant      Tenant

1. As a result of this disability, I am requesting the following reasonable accommodation:  
(Please check one or more boxes below):

A change in the rules, policies, or procedures that would make it easier to take part in the program, service, and/or activity.

A change in the way the LCF Program communicates or provides information

Other. Please specify: \_\_\_\_\_

2. Specifically, I am asking that the LCF program do the following to improve access to the LCF program due to a disability (please specify the relief being sought or the action you are requesting the LCF program to take):

\_\_\_\_\_

3. This request for reasonable accommodation is necessary so that I may better access the LCF Program:  
(please specify how this action will improve access to the LCF Program): \_\_\_\_\_

\_\_\_\_\_

The information provided is true and accurate to the best of my knowledge. I understand and agree to allow and cooperate with the LCF Program in the event that additional information is desired. I understand this information may include requesting the name and address of a Qualified Individual (e.g., counselor, social worker, doctor, service agency, self-help group, clinic) to determine if the request is necessary and/or that the individual listed meets the federal Fair Housing definition of disabled.

I understand that any information obtained by the LCF Program will be kept completely confidential and used solely to make a determination on my reasonable accommodation request.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Please e-mail this Reasonable Accommodation form to: [HCS.LCF@Oregon.Gov](mailto:HCS.LCF@Oregon.Gov). Please mark Attention: Reasonable Accommodation Request in the subject line.

