

NOTICE OF REASONABLE ACCOMMODATION

The reasonable accommodation requirement is intended to provide, for persons with disabilities, equal opportunity to apply for housing programs. This policy is not intended to provide greater program benefits to persons with disabilities than to non-disabled program participants or applicants.

You can request a reasonable accommodation if you are experiencing a disability and you need:

1. A change in the rules, policies, or procedures that would make it easier for you to take part in the programs.
2. A change in the way the Portland Housing Bureau (PHB) communicates with you or gives you information including, but not limited to, appropriate auxiliary aids, Telecommunications Devices for the Deaf-TDD, qualified sign language interpreters, or other alternate communication formats.

If you can show that you have a disability and if your request is reasonable, and does not create an undue financial or administrative burden, or fundamentally alter the nature of the program, PHB will consider the changes you request. Please note, PHB will verify that the need for your accommodation is based on a qualifying disability.

PHB will provide you with a written decision no later than fourteen (14) days after receiving your request, unless we determine that additional time is necessary to conduct verification. PHB will contact you if we need more information from you, or to discuss other ways of meeting your needs.

In the event your request is denied, PHB will provide you with a written explanation of the denial, as well as an opportunity to disclose any additional information that would allow us to continue processing your application.

A Reasonable Accommodation Request Form attached to this notice. You may request a Reasonable Accommodation Request Form at any time during the application process. If you require assistance in filling out this form, or require a different medium in which to complete your request, contact PHB at (503) 823-4147 or email PHBWaitlist@portlandoregon.gov for support.

The Portland Housing Bureau is committed to providing meaningful access. For accommodations, modifications, translation, interpretation, or other services, call (503) 823-4147 or email PHBWaitlist@portlandoregon.gov.



REQUEST FOR REASONABLE ACCOMMODATION

Applicant Name (print): _____

Address: _____

City, State, ZIP: _____

Telephone: _____

1. List the specific change(s) to the application or application process needed in order to have an equal opportunity to participate in the N/NE Homeownership Application for Preference process. *(Please identify the rule or policy that is preventing you from applying. If necessary, use another sheet of paper for your answer).*

2. Please describe how the requested reasonable accommodation will assist you in having an equal opportunity to participate in the N/NE Homeownership Application for Preference.

By signing below, I hereby disclose to the Portland Housing Bureau the above information that is necessary to make a determination regarding my request for reasonable accommodation. I understand that the information will be used for the purpose of evaluating my request for reasonable accommodation under the Americans with Disabilities Act (ADA). I understand that I have no obligation to disclose any information from my medical or personal records, and all information disclosed pursuant to this release shall be treated as confidential. I also understand that I may revoke this consent at any time by notifying the individual or agency listed above in writing of my decision, unless they have disclosed the information in reliance on this statement of consent.

Signed: _____ Date: _____

