

## **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](mailto:PHBWaitlist@portlandoregon.gov) for support.

*The Portland Housing Bureau is committed to providing meaningful access to city programs, services, and activities by providing modifications, accommodations, alternative formats, and auxiliary aids and services. For accommodations, modifications, interpretation, alternative formats, auxiliary aids or other services, call (503) 823-4147 or email [PHBWaitlist@portlandoregon.gov](mailto:PHBWaitlist@portlandoregon.gov)*



## Reasonable Accommodation Form

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

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

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

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

The following member of my household has a disability as defined below: 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

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

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 Portland Housing Bureau communicates or gives information including, but not limited to, appropriate auxiliary aids, Telecommunications Devices for the Deaf-TDD, qualified sign language interpreters, or other alternate communication formats.

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

2. This request for reasonable accommodation is necessary so that I can do the following:  
(please specify)

3. I authorize the Portland Housing Bureau to verify that I have a disability and have the need for the reasonable accommodation I have requested. In order to verify this information, the PHB may contact the following physician, psychiatrist, licensed psychologist, licensed nurse practitioner, licensed social worker, rehabilitation professional, nonmedical service agency whose function is to provide services to the disabled, or other expert in the medical field. ***You may present verification directly to PHB in the form of a letter from your doctor***

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

Agency, Facility, or Institution: \_\_\_\_\_

Title of professional or expert: \_\_\_\_\_

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

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

Telephone: \_\_\_\_\_

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

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

Please return this form to the PHB at 421 SW 6th Ave, Suite 500, Portland, OR 97204.



**Portland  
Housing Bureau**

Mayor Ted Wheeler • Director Shannon Callahan

N/NE Preference Waitlist: 421 SW 6th Ave, Suite 500 Portland, OR 97204  
Helpline: 503-823-4147 | [www.portlandoregon.gov/PHB](http://www.portlandoregon.gov/PHB)