

Guide to Reasonable Accommodations Under the Fair Housing Act: For the Medical Professional

The Federal Fair Housing Act (FHA) is a federal law that prohibits discrimination in housing. One of the many protections of the FHA is the right of individuals with disabilities to request a reasonable accommodation. A reasonable accommodation is a request to change or modify a landlord's rules, policies, practices, or services in order to afford a person with a disability an equal opportunity to use and enjoy a dwelling. For example, a tenant with a mental or emotional disability requests his landlord waive a pet deposit fee/pet policy for a service or assistance animal. Or a tenant with a mobile impairment requests a reserved parking spot in a complex that does not ordinarily assign parking spaces.

There are two components to a request for reasonable accommodation: the request itself, signed by the individual, and a verification that the individual needs the accommodation they are requesting.

The landlord depends on the tenant's medical or therapeutic provider to verify that there is, in fact, a disability, as defined by fair housing law, and that there is a nexus or connection between the request and the disability. This information can also be verified by another medical professional, a peer support group, a non-medical service agency, or a reliable third party who is in a position to know about the individual's disability.

This document gives medical and therapeutic professionals guidance on how to respond if asked to provide verification of a disability.

A person is considered disabled if they have a **PHYSICAL OR MENTAL IMPAIRMENT** which substantially limits one or more of their major life activities. The request can be made by the individual themselves, or by any person who resides with or is associated with the person that makes the request. The request does not have to be written but it is best to submit the request in written form so there are no misunderstandings of the specifics of the

request. **YOU ARE NOT REQUIRED TO USE A HOUSING PROVIDER'S FORMS.**

Your Role as a Medical Provider:

YOU CAN give a confirmation that you are prescribing/recommending this particular accommodation because it is necessary for your patient/client to access their housing. In order to avoid questions about the authenticity of your verification, provide the verification letter on your letterhead.

The verification should provide the following:

- Verify that the person is disabled;
- That you understand the reasons for the requested accommodation; and
- Verification that the needs of the requested accommodation is because of their disability and that such an accommodation is necessary for them to enjoy their dwelling.

There are sample forms on our website that are free to copy to your letterhead.

YOU SHOULD NOT share specific details about the tenant's disability with their landlord. For example, you can say "disability" instead of a specific diagnosis. Disclosure of a specific diagnosis could violate confidentiality laws.

YOU SHOULD provide the verification letter to your patient/client, rather than send it directly to the landlord.

The landlord **SHOULD NOT** contact you directly to confirm that it was you who filled out the form or wrote the letter. Because of confidentiality protections, and fair housing guidance, the landlord is not entitled to any additional information regarding the nature or extent of your patient/client's disability.

Landlords are legally required to consider **ALL** requests. They are not permitted to second guess the recommendations of a medical or therapeutic professional.

In cases where the requested accommodation might be too burdensome or costly for the landlord, the landlord will need to open a dialogue about different appropriate accommodations. They are not allowed to recommend different types of breeds or

animals for service animals/support animals. When this dialogue raises competing alternatives, ultimately, it is the tenant's preference that prevails, so long that it is reasonable. The role of the medical professional is to confirm the need.

Reach out to Intermountain Fair Housing Council for assistance with RA forms or requests by phone at: (208)383-0695. Find more information and a sample form on our website at www.IFHCidaho.org

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REQUESTING A REASONABLE ACCOMMODATION

Dear _____ [name of housing provider]:

As a person with a disability, I am hereby requesting a reasonable accommodation for _____ [address of housing for which you wish to be accommodated] pursuant to the Fair Housing Act, 42 U.S.C. §3604, which requires housing providers to make "reasonable accommodations in rules, policies, practices, or services, when such accommodations may be necessary to afford such person equal opportunity to use and enjoy a dwelling."

The accommodation I am requesting is _____

_____ [describe accommodation requested].

I need this accommodation because _____

_____ [explain why you need the accommodation without disclosing the nature or severity of your disability].

Please respond to this reasonable accommodation request in writing within 7 days of receipt.

Sincerely,

_____ [your signature]
_____ [date]
_____ [print your name]
_____ [your address]
_____ [your telephone number]

PROOF OF NEED FOR A REASONABLE ACCOMMODATION

Dear _____ [name of housing provider]:

_____ [name of tenant] has contacted me regarding his/her need for a reasonable accommodation. Mr./Ms. _____ [last name of tenant] makes this request pursuant to the Fair Housing Act, 42 U.S.C. §3604, which requires housing providers to make “reasonable accommodations in rules, policies, practices, or services, when such accommodations may be necessary to afford such person equal opportunity to use and enjoy a dwelling.” I have been informed that the accommodation he/she has requested is: _____

_____ [describe accommodation requested].

I am aware of the nature and extent of Mr./Ms. _____’s [last name of tenant] disability and I understand the reason/s for his/her request for a reasonable accommodation. I do hereby verify that, in my judgment, Mr./Ms _____ [last name of tenant] meets the definition of “handicapped” under the Fair Housing Act [see definition below to make this determination] and that such a reasonable accommodation may be necessary to afford Mr./Ms. _____ [last name of tenant] the equal opportunity to use and enjoy the dwelling unit in which he/she resides, as provided by the Fair Housing Act.

Sincerely,

_____ [your signature] _____ [date]
_____ [print your name]
_____ [your address]
_____ [your telephone number]

“HANDICAP” IS DEFINED BY FEDERAL REGULATIONS (24 CFR §100.201) AS FOLLOWS:

(for reference by care provider in determining whether tenant meets definition of “handicap”)

“Handicap” means, with respect to a person, a physical or mental impairment which substantially limits one or more major life activities; a record of such an impairment; or being regarded as having such an impairment. This term does not include current, illegal use of or addiction to a controlled substance. For purposes of this part, an individual shall not be considered to have a handicap solely because that individual is a transvestite. As used in this definition:

- (a) “Physical or mental impairment” includes:
 - (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. The term “physical or mental 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 a controlled substance) and alcoholism.
- (b) “Major life activities” means functions such as caring for one’s self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning and working.
- (c) “Has a record of such an impairment” means has a history of, or has been misclassified as having, a mental or physical impairment that substantially limits one or more major life activities.
- (d) “Is regarded as having an impairment” means:
 - (1) Has a physical or mental impairment that does not substantially limit one or more major life activities but that is treated by another person as constituting such a limitation;
 - (2) Has a physical or mental impairment that substantially limits one or more major life activities only as a result of the attitudes of other toward such impairment; or
 - (3) Has none of the impairments defined in paragraph (a) of this definition but is treated by another person as having such an impairment.