



# HOUSING AUTHORITY OF JACKSON COUNTY

2251 TABLE ROCK ROAD  
PH/TDD (541) 779-5785

MEDFORD OR 97501  
FAX (541) 857-1118

## Reasonable Accommodation/Modification Verification Form

Name of person requiring accommodation/modification: \_\_\_\_\_

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

Date of Request: \_\_\_\_\_

Description of accommodation/modification being requested (use back of page if necessary):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand that under federal and state law, an individual is disabled if he/she has a physical or mental impairment that substantially limits one or more major life activities, has a record of such impairment, or is regarded as having such impairment. Major life activities include walking, seeing, hearing, speaking, breathing, thinking, communicating, learning, performing manual tasks, and caring for oneself.

Impairments also include such diseases and conditions such as orthopedic; visual; speech and hearing impairments; Cerebral Palsy; autism; seizure disorder; Muscular Dystrophy; Multiple Sclerosis; cancer; heart disease; diabetes; HIV; mental retardation; mental and emotional illness; drug addiction; and alcoholism. This definition does not cover any individual who is a drug addict and currently using an illegal drug, or an alcoholic who poses a direct threat to property or safety because of alcohol use (224 CFR Part 8.3 and HUD Handbook 4350.3, (Exhibit 2-2)).

I hereby grant the Housing Authority of Jackson County permission to contact the below named medical professional and verify that I have a disability that requires the accommodation being requested and that such accommodation is necessary for me to perform one of the major life activities listed above.

Name of medical professional: \_\_\_\_\_

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

Phone/Fax Number: \_\_\_\_\_

Tenant/Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*The Housing Authority of Jackson County (HAJC) does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities. The following persons have been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24 CFR, part 8 dated June 2, 1988):*

Cara Carter or Christian Edelblute  
2251 Table Rock Road  
Medford, OR 97501  
Ph/TTY: (541) 779-5785

