



970 Baxter Boulevard, Portland, ME 04103  
P: 207-773-4753 | F: 207-761-5886 | [porthouse.org](http://porthouse.org)

Community/Housing Officer: \_\_\_\_\_

## Reasonable Accommodation/Modification – Request (Part 1)

Tenants and Participants should fill out this form to the best of their ability and return to your nearest Portland Housing Authority Office or send to [RArequests@porthouse.org](mailto:RArequests@porthouse.org).  
Staff are available to assist you if needed.

**Purpose:** This form is for individuals with disabilities to request reasonable accommodations or modifications in Portland Housing Authority's (PHA) rules, policies, practices, or services to ensure equal access to housing and services. PHA is required to respond to this request within 10 business days for Voucher Programs and 30 business days for Public Housing and Tax Credit Programs.

### To be Completed by the Household

Program Type: \_\_\_\_\_

Head of Household: \_\_\_\_\_ Phone: \_\_\_\_\_

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

**Disability Information:** The following person is a member of my household and has a disability as defined under HUD rules or the Maine Human Rights Act (<https://legislature.maine.gov/statutes/5/title5sec4553-A.html>)

Person Requiring Accommodation: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Accommodation or Modification Request:  
\_\_\_\_\_  
\_\_\_\_\_

**Verification of Disability:** PHA may verify the need for this accommodation by contacting a reliable third party. This verification may be obtained from any of the following: a doctor or other medical professional, a peer support group, a non-medical agency, or a reliable third party who is in a position to know about the individual's disability. Please provide the name and contact information of the third party.

Name: \_\_\_\_\_ Title/Role: \_\_\_\_\_

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

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

I, the undersigned (head of household/guardian/or individual requesting), give permission to PHA to contact the above third party for verification. I understand that the information you obtain will be kept confidential.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PHA Use Only:** Upon receipt of request, [RArequests@porthouse.org](mailto:RArequests@porthouse.org) must be notified for tracking purposes. If the request is not apparent, the manager will get verification and then submit part 1 and 2 to [RArequests@porthouse.org](mailto:RArequests@porthouse.org).

Request Received: \_\_\_\_\_ Verification Sent: \_\_\_\_\_ Ver. 2<sup>nd</sup> attempt: \_\_\_\_\_ Ver. Received: \_\_\_\_\_





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## Reasonable Accommodation/Modification Third Party Verification (Part 2)

**Purpose:** This form is for Portland Housing Authority (PHA) to receive information from a third party to verify that a program participant needs a reasonable accommodation or modification due to a disability.

### To be Completed by the Knowledgeable Third Party:

Person Requiring Accommodation: \_\_\_\_\_ Address: \_\_\_\_\_

Third Party Name: \_\_\_\_\_ Title/Role: \_\_\_\_\_

Current Credential or Licensure (if applicable): \_\_\_\_\_

Please review the request in Part 1 and answer the following questions:

1. Does the Individual meet the definition of disability as defined under HUD rules or the Maine Human Rights Act (<https://legislature.maine.gov/statutes/5/title5sec4553-A.html>)

Yes  No  I have no Knowledge

2. How does the requested accommodation relate directly to the disability?

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3. How will this accommodation help the tenant have equal access and use of our housing or programs?

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4. Are there alternative solutions that could meet the needs of this individual?

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5. If the request does not relate to the disability, please provide any additional comments or suggestions:

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Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

