

Information for Your Physician to Include to Support Your Request for Reasonable Accommodation

Ask your physician for a letter to support medical claims you may have as a result from secondhand smoke exposure in your rental.

Make sure to ask for and keep a copy of any correspondence that is sent to your landlord on your behalf.

1. Qualifications of the professional who is verifying the need for a reasonable accommodation.

Sample: I, [professional person's name] am a [doctor, health care professional, other professional] and have the following certification from a licensing institution.

2. Nature of the contact the professional has had with the individual making the request.

Sample: I have treated [tenant's name] since [date] for a [mental, physical] condition.

3. Statement that the tenant has a disabling [physical and/or mental] condition and that the [description of symptoms] substantially limits him or her in one or more major life activities.

4. Description of tenant's limitations. Describe how the condition for which professional treating the tenant limits one or more of the tenant's major life activities.

Examples of "major life activities" include sleeping, eating, working and breathing.

5. Describe how the accommodation that the tenant is requesting is necessary to afford the tenant the opportunity for full use and enjoyment of the unit. Relate the requested accommodation to the limitation(s) caused by the disabling condition.

Portland-Vancouver Metro Area Smokefree Housing Project - 3/07
www.smokefreeoregon.com/housing

