VERIFICATION OF NEED FOR REASONABLE ACCOMMODATION

Date:		
То:	Organization Supplying Information	
From:	Housing Provider Requesting Information	
<u>Indivi</u>	dual Requesting Reasonable Accommodation	
REQU	JESTED ACCOMMODATION:	

The above name		ig or is a current resident of housing managed and
operated by _		The Department of Justice ("DOJ") and the
	Urban Development ("HUD") a	are jointly responsible for enforcing federal fair
housing laws.		
limits a major modification a	life function, to request that a nd/or accommodation in rules ow a housing provider to verif	mental or physical disability, which substantially a housing provider grant him/her a reasonable es, policies, procedures or practices. Federal fy information that is used in determining ar
opinion regardi information and prompt return	ng his/her requested accommod l returning it to the requesting of of this information will help a	ou as a professional that can verify and provided dation. We ask your cooperation in providing organization listed at the top of the page. Your assure timely processing of the application for this release of information as shown below.
	-	the requested information. Information obtained aformation that is no older than 12 months.
	Tenant	Date
	·	

TO BE COMPLETED BY VERIFIER ONLY

Definition of "Disabled"

Under Federal 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. "Life activities" have been defined, but are not limited to, caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning and working. "Substantially limits" means more than a minor inconvenience or slight limitation. 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 Immune Deficiency Virus infection, mental retardation, emotional illness, drug addiction, and alcoholism. This definition doesn't' include any individual who is a drug addict and is currently

oh	ol use.		
	Is the above	named individual disabled as defined above?	
	Yes	No	
		describe why not:	
		essionally licensed and authorized to provide such a diagnosis in the State of	f
	Yes	No	
	If no, please	describe why not:	
	Have you tr	ated or evaluated the above named individual(s) within the last twelve	_
	Yes	No	
		describe why not:	_
			_
	compliance opportunity concept of r	essional opinion, is the requested accommodation necessary to achieve lease or is it necessary to provide the Resident or household member the same that a non-disabled Resident has to use and enjoy housing? (Note: the eccessity requires at a minimum the showing that the desired accommodation ively enhance a disabled resident's quality of life by ameliorating affects of .)	l
	Yes	No	

using illegal drugs or an alcoholic who poses a direct threat to property or safety because of

	If no, please describe why not:		
5.	Could lease compliance be more effectively achieved by some other accommodation?		
	Yes No		
	If yes, briefly describe the accommodation you have in mind		
6.	In your professional opinion, is the need for this accommodation related to the applica disability?		
	Yes No		
	If no, please describe why not:		
	nowledge my answers to these questions to be my professional opinion made in good fait easonable degree of medical certainty, and in accordance with reasonable medical standa		
Signa	ature Date		
Licer	ise#		
	of Professional License –		