



**VERIFICATION OF NEED FOR REASONABLE
ACCOMMODATION/
REASONABLE MODIFICATION**

DATE: _____

TO: _____

Health Care Provider's Name

Health Care Provider's Address

FROM: _____

Re: REQUEST FOR REASONABLE ACCOMMODATION/REASONABLE MODIFICATION

RESIDENT'S NAME: _____

ADDRESS: _____

The resident named above has applied for an apartment or is already living in this complex. The resident has requested the following accommodation/modification due to a disability:

Your cooperation in answering the questions on this form is appreciated. The resident has consented to the release of information, as shown on page three.

DEFINITION OF “DISABLED”

Under fair housing laws, an individual is disabled if he/she has a physical or mental impairment that limits one or more major life activities; has a record of such an impairment; or is regarded as having such an impairment.

Physical or mental impairment includes, but is not limited to:

(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, mental retardation, emotional illness, drug addiction (but not current user) and alcoholism.

INFORMATION REQUESTED

(IMPORTANT: Do NOT reveal the specific NATURE OR SEVERITY of the individual’s disability.)

1. Is the resident disabled as defined on this page? Yes No

2. In your professional opinion, does the resident need the accommodation/modification mentioned on the first page in order to have the same opportunity that a non-disabled individual has to use and enjoy the apartment and community? Yes No

If yes, please define how this accommodation/modification would benefit this resident? _____

3. In your professional opinion, would some other accommodation/modification also be effective for this resident to have the same opportunity that a non-disabled individual has to use and enjoy the apartment and community? Yes No

If yes, please provide an example: _____

NAME AND TITLE OF PERSON SUPPLYING INFORMATION: _____

SIGNATURE _____ DATE _____

RESIDENT RELEASE

TO THE RESIDENT:

YOU DO NOT HAVE TO SIGN THIS FORM IF THE NAME OR ADDRESS OF EITHER THE OWNER OR THE HEALTH CARE PROVIDER IS LEFT BLANK.

RELEASE: I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is no older than 12 months.

SIGNATURE _____ DATE _____