

# VERIFICATION OF REQUEST FOR REASONABLE ACCOMMODATION

TO: Qualified individual: (e.g. counselor, social worker, doctor, rehabilitation center, service agencies, self-help group, clinic, or other entity identified by the person requesting a reasonable accommodation)

Fair Housing laws allow applicants/tenants and other consumers who have a disability to request a reasonable accommodation in rules, policies, procedures or practices if it will make it possible for other persons to have full use of their dwelling and if the disability is covered by fair housing laws. Regulations allow a landlord or other housing provider to request verification of the disability, the connection between the disability and the requested reasonable accommodation and the need for an accommodation from a qualified professional.

Note: *Federal regulations prohibit a housing provider from inquiring into the nature or extent of a disability. Revealing a diagnosis may put your client/patient at risk of additional discrimination. Before naming a specific diagnosis, you need your client's informed consent. For a client who wants the diagnosis kept confidential, a general description such as "mental" or "physical" condition without naming a specific diagnosis is advisable.*

The verification should include the following items:

1. I, \_\_\_\_\_ am a \_\_\_\_\_.  
PROFESSIONAL'S NAME HEALTH CARE OR OTHER PROFESSIONAL

And have the following certification from a licensing entity \_\_\_\_\_.

2. This individual has a disability that substantially limits one or more major life activities in the following manner. I have treated \_\_\_\_\_  
APPLICANT OR TENANT NAME  
for \_\_\_\_\_.

I have evaluated and/or treated this individual \_\_\_\_\_ times in the past \_\_\_\_\_ months/years; or  
 I have not seen this individual in the last twelve months.  
The last time I evaluated and/or treated him/her was \_\_\_\_\_.

3. Describe how the condition for which you are treating the applicant/tenant limits one or more of your client's major life activities. (Example of major life activities are self care, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning and working. "Impairments" include physiological, mental, psychological or physical diseases, disorders, or conditions.)

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

4. Describe how the accommodation that the tenant is requesting is necessary to afford him/her the opportunity for full use and enjoyment of the dwelling. Please relate the requested accommodation to the limitation(s) caused by the disabling condition.

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

Under penalty of perjury, I certify that the information provided is true and correct.

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

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_