

## **REASONABLE ACCOMMODATION REQUEST VERIFICATION**

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

Health Care Provider's  
Name & Address: \_\_\_\_\_

\_\_\_\_\_

Site Manager's Name  
& Address \_\_\_\_\_

\_\_\_\_\_

Household Member's  
Name & Address \_\_\_\_\_

\_\_\_\_\_

Type of Accommodation  
Requested \_\_\_\_\_

The household member named above is a tenant or occupant of, or has applied for occupancy in, one of the units at our site. The household member has requested a change in our policies, procedures, or permission to alter a unit or some other aspect of our rental housing. The details of the request are set forth above.

The requested accommodation requires some change to our normal practices. However, if an individual with disabilities requests accommodation, we must consider the request. We must verify that the individual qualifies as "disabled" under federal law and requires the requested accommodation in order to have an equal opportunity to use and enjoy the site.

We would appreciate your cooperation in answering the questions on this form and returning it to the site manager listed above. Enclosed is a self-addressed, stamped envelope for this purpose. The household member has consented to this release of information, as shown on the next page.

### **INFORMATION REQUESTED**

Is the household member disabled as defined on the next page?

\_\_\_\_\_ Yes    \_\_\_\_\_ No

In your professional opinion, does the household member need the requested accommodation in order to have the same opportunity that a non-disabled individual has to use and enjoy the site?

\_\_\_\_\_ Yes    \_\_\_\_\_ No

**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 an impairment; or is regarded as having such an impairment.

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 Immunodeficiency Virus infection, mental retardation, emotional illness, drug addiction, and alcoholism. This definition doesn't include any individual who is a drug addict and currently using illegal drugs or an alcoholic who poses a direct threat to property or safety because of alcohol use [24 CFR Part 8.3, and HUD Handbook 4350.3, (Exhibit 2-2)].

Name and title of person supplying information\_\_\_\_\_

\_\_\_\_\_  
Firm/Organization\_\_\_\_\_

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

**HOUSEHOLD MEMBER RELEASE**

TO THE HOUSEHOLD MEMBER:

YOU DO NOT HAVE TO SIGN THIS FORM IF THE NAME OR ADDRESS OF EITHER THE SITE MANAGER 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. There are circumstances which would require the owner to verify information that is up to 5 years old, which would be authorized by me on a separate consent attached to a copy of this consent.

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

**PENALTIES FOR MISUSING THIS CONSENT IF FEDERAL FUNDS INVOLVED**

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false and fraudulent statements to a department of the United States Government. HUD, the PHA, and any owner (or an employees of HUD, the PHA, or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on this consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning a applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages and seek other relief, as may be appropriate, against the officer or employee of HUD, the PHA, or the owner for unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 42 U.S.C. 208 (f) (g) and (h). Violation of these provisions are cited as violations of 42 U.S.C. 408 f, g and h.