



Verification of Continued
Need for Reasonable Accommodation

Head of Household: _____

Person requesting a Reasonable Accommodation: _____

Address: _____ Telephone: _____

Section 504 of the Rehabilitation Act and the Fair Housing Amendments Act defines a "disability" as a physical or mental impairment which substantially limits one or more of a person's major life activities, a record of having such impairment, or being regarded as having such an impairment. [42 USC § 12102 - Definition of disability] Major life activities include, but are not limited to, caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, and working.

- 1. Based on the above definition I consider myself to be an individual with a disability. [] Yes [] No
2. As a result of my disability, I am requesting a reasonable accommodation in order to have an equal opportunity to participate in, or benefit from, Division of Housing (DOH). [] Yes [] No

Our records indicate that during your last reexamination you requested the following reasonable accommodation. At the time of the original request, you were required to verify the need for this accommodation. From this point forward, you are only required to declare that you have an ongoing need for the following accommodation(s): _____

[] If you were approved for a Live-in Aide, you must provide the name of this individual below and have them sign certifying that they reside in the unit and continue to act as your Live-in Aide.

Print Name of Live-in Aide

Live-in Aide Signature

By signing and dating this form, you are certifying that you continue to require the above accommodation(s). If at any point you no longer require this accommodation you are required to contact the housing authority immediately to report this change.

Head of Household

Date

Person Requiring Accommodation

Date

Please return this form to:

