



Verification of Need for Reasonable Accommodation

Participant's Name: _____ Last four SSN: _____

Date: _____

The individual listed above has identified him/herself as being a person with a disability and has requested an accommodation from the Division of Housing (DOH) in order to have an equal opportunity to benefit from its housing programs. An accommodation must be reasonable and there must be an identifiable relationship between the requested accommodation and the applicant or participant's disability. You have been authorized to release information to us regarding the need for an accommodation. (Please see the Authorization to Release Information accompanying this form).

Section 504 of the Rehabilitation Act and the Fair Housing Amendments Act define 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.

1. Does this individual have a disability, as defined above? Yes No

2. Describe how the requested reasonable accommodation on the attached Request for Reasonable Accommodation form is necessary to afford this individual the opportunity to access housing, maintain housing, or for full use and enjoyment of the housing.

3. Is the accommodation requested directly related to the participant's disability? Yes No

Name and address of person completing form:

Printed Name: _____

Title: _____

Address: _____

Telephone Number: _____

Fax number: _____

Signature: _____

Date: _____

Note: Please attach additional pages if necessary to provide any additional information that may assist us in reaching a decision.

