



Consent for Verification of Need for Reasonable Accommodation/Structural Modification

Name: _____ Date: _____

Address: _____

Please return to _____ in the self-addressed stamped envelope provided.

Please be aware of the following while completing this request:

DO NOT send medical records of the individual requesting your certification

DO NOT include any details which disclose the nature or severity of the individual's disability.

1. The following member of my household has a disability.

Name: _____ *relationship to you _____

2. As a result of this disability, I am requesting the following reasonable accommodation:

(Please check one or more items below.)

A change in the following rule, policy or procedure. (note that a change in how to meet the terms of the lease may be requested, but fundamental obligations must be met.) Please specify: _____

Other (for example, a FULL-TIME live-in aide, need for an extra bedroom, or a change in the way the PHA communicates with you). Please Specify: _____

3. This request for reasonable accommodation is necessary so that I can: Please specify: _____

4. I authorize the housing agency to verify that I have a disability and have the need for the reasonable Accommodation I have requested. In order to verify this information the housing agency may contact the following physician, psychiatrist, licensed psychologist, licensed nurse practitioner, licensed social worker, rehabilitation professional, non-medical service agency whose function is to provide services to the disabled or other expert in the field of : _____

Name of expert/Professional: _____ Phone: _____

Title: _____ Agency/Facility/Inst.: _____

Address: _____ City/State/Zip: _____

I understand that the information obtained by the housing agency will be kept completely confidential and used solely to make a determination on my reasonable accommodation request.

Signed: _____ Date: _____
Head of household or authorized representative

Witness: _____ Date: _____

*If on behalf of a minor child, please indicate whether you are the parent or guardian. Where the individual with the disability is over 18 and is not the head of household he/she should sign the authorization for verification. Please indicate if the person signing is the P.O.