**REASONABLE ACCOMMODATION(S) VERIFICATION**

Date:

TO:  (Verifier)

ADDRESS:

FROM:  (Apartment Community)

ADDRESS:

SITE MANAGER:

OFFICE NUMBER:

Name of Resident (print):  Unit #

Signature of Resident:

Request for Reasonable Accommodation(s) by Resident:

Our rental community provides reasonable accommodations to residents with disabilities who have a verifiable need for reasonable accommodation. A reasonable accommodation is an exception made to the usual rules or policies made necessary because of a disability for the resident to use and enjoy an apartment community. The resident has authorized you to provide the information requested on this form. Please answer the following questions:

1. Is this resident disabled?

The Fair Housing Act defines disability as a physical or mental impairment that substantially limits one or more major life activities. The Supreme Court has determined that to meet this definition a person must have an impairment that prevents or severely restricts the person from doing activities that are of central importance in most peoples’ daily lives.

 [ ]  Yes [ ] No [ ]  I Don’t Know

1. Please describe in what manner this disability restricts the resident in activities that are of central importance to his or her daily life.

1. Does this resident need the accommodation requested above to be able to live in his/her apartment community? [ ] Yes [ ]  No
2. If yes, please describe how this accommodation will enable the resident to use or enjoy this apartment community.

1. Is there any other accommodation or modification that could meet the resident’s needs in place of what they have requested and that might be easier and less burdensome to accomplish?

[ ] Yes [ ] No

If yes, please describe:

1. If necessary will you be willing to testify in a court of law concerning the information provided in this form?

[ ] Yes [ ] No

Name and position of Verifier (print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Verifier: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:

**TO BE COMPLETED BY HOME OFFICE**

[ ] Approved [ ] Disapproved

By:  Date:

Comments:

**“This institution is an equal opportunity provider and employer.”**