



Sample Verification of Need for a Reasonable Accommodation Form

Note: A verification of the need for a reasonable accommodation form should be used when a housing provider needs independent verification of a tenant's need for a modification to his or her unit, or an accommodation regarding the building's policies and procedures. All reasonable accommodation policies and forms should be reviewed by legal counsel prior to implementation.

Verification of Need for a Reasonable Accommodation Request

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Dear _____,

On the back of this page is a form signed by _____ (tenant's name) asking you to verify his or her disability and the need for a reasonable accommodation.

State and federal laws require entities, such as ourselves, to make reasonable changes to policies, practices, procedures and/or physical changes to housing units if such changes are necessary to enable a person with a disability to have equal access to, and enjoyment of, the housing. Please note that such changes must be necessary as a result of the person's disability.

Please indicate on the form whether you believe that this individual has a disability (as defined in the question) and whether the accommodation requested is necessary and will achieve its purpose. Please also feel free to add any additional information or suggestions that would be helpful in making the right accommodation for this person. But, note: **This form should not be used to discuss the person's diagnosis or any other information that is not directly relevant to the request for an accommodation.**

Please return the form to:

(Building Manager name and address)

If you have any questions, please feel free to call the Building Manager at _____.

Thank you very much for your assistance.

Sincerely,

Note: This document is included within the *Housing Operations* section of CSH's *Toolkit for Developing and Operating Supportive Housing*, which is available at www.csh.org/toolkit2. This document has been adapted from CSH's Supportive Housing Property Management Operations Manual, which is available at www.csh.org/publications.

**Verification of Need for a
Reasonable Accommodation Request**

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Applicant/Client Name: _____

Address: _____

Phone: _____

I have requested the accommodation below and ask that you fill out the following certification.

Signed: _____ Date: _____

Certification:

The individual who has signed above has requested the following reasonable accommodation(s) and has requested that you provide verification:

Please indicate here:

a) Do you believe the individual has a physical or mental impairment that limits a major life activity?
Yes No

b) Do you believe the accommodation is necessary and will achieve its stated purpose?
Yes No Cannot Verify

c) Is there any other information that would be helpful in making the right accommodation for this person?

Signature

Date

Title of Physician or Professional

Address

Phone