

# Reasonable Accommodations Verification

Apartment \_\_\_\_\_  
 Community \_\_\_\_\_ Date \_\_\_\_\_

Property Manager \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Resident \_\_\_\_\_ Address \_\_\_\_\_

This apartment community is committed to the letter and spirit of the Fair Housing Act, which, among other things, prohibits discrimination against persons with disabilities. In accordance with our statutory responsibilities and management policies, we will make reasonable accommodations to our policies, guidelines, practices, or services, when such accommodation is necessary to afford persons with disabilities an equal opportunity to use and enjoy their housing communities.

**Resident** – Please provide the contact information of a qualified third party professional/health care provider who will complete this form and return it to the above community. By doing so, you have consented to the release of the below information and any follow up information if necessary;

Resident's Signature \_\_\_\_\_ Date \_\_\_\_\_

**To Whom It May Concern:** Thank you for your assistance. Please note that after we review this information, it may be necessary for us to contact you again.

Under the **Fair Housing Act**, a disability is a physical or mental impairment, which substantially limits one or more of a person's major life activities.

Yes	No	Request for [Fill in the accommodation requested]
		Does this resident have a disability, as defined by the Fair Housing Act?  Is the accommodation requested (see above) <b>necessary</b> for the resident to be able to live in and enjoy his/her apartment?  Will the need for the accommodation continue for more than 6-9 months?  Are you aware that should this matter be litigated you may be called to testify to the accuracy of the information you have provided?

Please describe in detail the connection between the resident's disability and the requested accommodation:

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Name of verifier: \_\_\_\_\_

License No: \_\_\_\_\_ Telephone No: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_

