

**REASONABLE ACCOMMODATION VERIFICATION FORM**

Dear Tenant/Participant: You have requested a reasonable accommodation and we need to verify how it relates to your disability. Please provide the name and address of an independent, third-party who can answer the questions below so that we may process your request.

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

\*\*\*\*\*  
**Please describe your reasonable accommodation request:** \_\_\_\_\_  
\_\_\_\_\_

**Print Tenant/Participant Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

*This signature authorizes the verifier to provide answers to the questions below.*

\*\*\*\*\*

Dear Third-Party Verifier: Concord Housing Authority provides reasonable accommodations to our tenants and participants with disabilities who have a verifiable need for the reasonable accommodation. A reasonable accommodation is an exception made to the usual rules or policies **made necessary because of a disability** for the tenant/participant to make full use of their housing opportunities. Please answer the following questions to the best of your knowledge:

1. Is the person named above disabled? **YES NO I DON'T KNOW** 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.**
2. Please describe in what manner this disability restricts this person in activities that are of central importance to his or her daily life:  
\_\_\_\_\_  
\_\_\_\_\_

3. Does this person need the accommodation requested above to be able to participate in the Housing Choice Voucher or Public Housing Program? **YES NO**
4. If yes, please describe how this accommodation will enable the client to make full use of their housing opportunities.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please print name and position of verifier: \_\_\_\_\_

Signature of Verifier: \_\_\_\_\_ Date: \_\_\_\_\_

Revised: 10/07

**WARNING!** Title 18, Section 1001 of the United States code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statement to any Departments or Agencies of the United States.