



 Doctor / Verification Source fills-in yellow areas.
 Household member fills-in pink areas.

**FORT COLLINS HOUSING AUTHORITY
Reasonable Accommodation Verification**

(For Accessible Units, Reasonable Accommodations, and Structural Modifications)


DATE: 


TO: 
(Verification Source's Name)

ADDRESS: 
(Verification Source's Address)

FROM: _____
(Housing Specialist)

SUBJECT: **Disability – Verify Need for Reasonable Accommodation**

HOUSEHOLD MEMBER'S NAME: 

ADDRESS: 

The household member named above has applied for or is receiving federal rental assistance at our site. The household member has requested an accessible unit, accommodation, or modification to their unit. We are required to verify that the household member qualifies as “disabled” under federal law and requires what he or she has requested.


We would appreciate your cooperation in answering the questions on this form and returning it to the Housing Specialist listed above.


HOUSEHOLD MEMBER RELEASE

TO: HOUSEHOLD MEMBER

YOU DO NOT HAVE TO SIGN THIS FORM IF THE NAME OR ADDRESS OF EITHER THE HOUSING COORDINATOR OR THE VERIFICATION SOURCE IS LEFT BLANK.

RELEASE: I hereby authorize the release of the requested information.


Signature


Date

INFORMATION REQUESTED

1. Is the household member disabled, (as defined below)? Yes No

Under federal law, an individual is disabled if he/she has a physical or mental impairment that substantially limits one or more major life activities; has a record of such impairment; or is regarded as having such impairment.

The term physical or mental impairment includes, but is not limited to, such diseases and conditions as orthopedic, visual, speech, and hearing impairments, cerebral palsy, autism, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, Human Immunodeficiency Virus infection, mental retardation, emotional illness, drug addiction, and alcoholism. This definition doesn't include any individual who is a drug addict, is currently using illegal drugs, or is an alcoholic who poses a direct threat to property or safety because of alcohol use.

2. Does the household member require what he/she has requested? Yes No

3. Describe what the household member has requested, how this request is related to their disability, and describe any other accommodation or modification that could meet the household member's needs in place of what the household member has requested. (for example, if there is a less expensive way to help the household member cope with his/her disability, please disclose):

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Name & Title (of Verification Source, please print)

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Firm/Organization

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Physician Identification Number (if applicable)

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Signature

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Date