



Reasonable Modification/Accommodation Request: Verification of Status as a Person with a Disability

Lease Holder Name:

Resident's Address:

This form should be filled out by one of the following: a licensed physician, licensed psychiatrist, licensed psychologist, licensed social worker, registered nurse, a licensed marriage and family therapist, a person employed by an agency or service qualified to assist individuals with disabilities, a member of clergy.

The person filling out this form is not required to reveal the specific nature and/or severity of the individual's disability. A copy of the Reasonable Accommodation/Modification Request Form should be provided to the person filling out this form.

The resident listed above has sought reasonable accommodation described in the attached request. State and Federal laws require housing providers to make reasonable accommodations in rules, policies, practices or services when the changes are not unduly burdensome and may be necessary to afford a person with a disability with the equal opportunity to use and enjoy a dwelling.

The Fair Housing Act and the Americans with Disabilities Act define disability as:

- A physical or mental impairment that substantially limits a major life activity; or
- A record of such impairment; or
- Being regarded as having such an impairment

A disability includes, but is not limited to, orthopedic, visual, speech and hearing impairments, cerebral palsy, autism, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, HIV, intellectual and development disabilities and emotional illnesses.

As a professional or other third party with the knowledge necessary to make a determination, I am able to advise that the above named individual qualifies as an individual with a disability as defined above and that the following reasonable accommodation is consistent with the needs associated with his/her disability:

Reasonable Accommodation/Modification:

Name of Certifying Person

Phone number

Title

Signature of Certifying Person

Date

Please return the completed form to the property manager at Alltrade Property Management to complete this request.