

Verification of Need for a Reasonable Accommodation or Modification (Form)

Resident 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 Attached 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

Professional Title or Relationship

Phone

