

# 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. If this request is for an assistance animal must it be this exact animal or could another serve the same function?

\_\_\_\_\_

D. Is there any other information that would be helpful in making the right accommodation for this person?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Professional Title or Relationship

\_\_\_\_\_  
Phone

