



Clermont Metropolitan Housing Authority

65 South Market Street | Batavia, Ohio 45103

513.732.6010 | Fax 513.732.6520

www.clermontmha.org

VERIFICATION OF NEED FOR REASONABLE ACCOMMODATION

Date:

To:

From:

Re:

REQUESTED ACCOMODATION:

- | | |
|--|---|
| <input type="checkbox"/> A Barrier-Free Apartment | <input type="checkbox"/> Unit for Vision-Impaired |
| <input type="checkbox"/> A Separate Bedroom | <input type="checkbox"/> Unit for Hearing-Impaired |
| <input type="checkbox"/> One-Level Unit | <input type="checkbox"/> Bedroom/Bath 1 st Floor |
| <input type="checkbox"/> Live-In Aide | <input type="checkbox"/> Assistant Animal |
| <input type="checkbox"/> Other | |
| <input type="checkbox"/> Please describe requested accommodation in more detail: | |

The above named person has applied for housing or is a current resident of assisted housing under various Federally subsidized housing programs. The Department of Justice (“DOJ”) and the Department of Urban Development (“HUD”) are jointly responsible for enforcing federal fair housing laws.

Fair housing laws allow individuals who have a mental or physical disability, which substantially limits a major life function, to request that a housing provider grant him/her a reasonable modification and/or accommodation in rules, policies, procedures or practices. Federal regulations allow a housing provider to verify information that is used in determining an individual’s eligibility or level of benefits under these housing programs.

The above named individual has identified you as a professional that can verify and provide opinion regarding his/her requested accommodation. We ask your cooperation in providing information and returning it to the requesting organization listed at the top of the page. Your prompt return of this information will help assure timely processing of the application for assistance. This information may be returned in the enclosed self-addressed, stamped envelope or returned by fax to the number listed above. The applicant/tenant has consented to this release of information as shown on the enclosed consent form or signature below.

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RELEASE: I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is no older than 12 months.

Signature

Date

CRIMINAL PENALTIES FOR MISUSING THIS CONSENT:

Title 18, section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD, the PHA and any owner (or any employee of HUD, the PHA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person, who knowingly or willingly request, obtains or discloses any information under false pretenses concerning an applicant may be subject to a misdemeanor and fined not more than \$5000. Any applicant or participant affected by negligent disclosure of information may bring civil action of damages, and seek other relief, as may be appropriate against the officer or employee of HUD, the PHA or the owner responsible for the unauthorized disclosure or improper use.

TO BE COMPLETED BY VERIFIER ONLY

Definition of “Disabled”

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. “Life activities” has been defined, but are not limited to, caring for one’s self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning and working. “Substantially limits” means more than a minor inconvenience or slight limitation. 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 Immune Deficiency Virus infection, mental retardation and mental illness. This definition does not include any individual who is a drug addict and is currently using illegal drugs or an alcoholic who poses

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a direct threat to property or safety because of alcohol use.

1. Is the above named individual disabled as defined above?

Yes ____

No ____

If no, please describe why not: _____

2. Are you professionally licensed in the State of Ohio and authorized to provide a diagnosis?

Yes ____

No ____

If no, please describe why not: _____

3. Have you treated or evaluated the above individual(s) within the last twelve months?

Yes ____

No ____

If no, please describe why not: _____

4. In your professional opinion, is the requested accommodation necessary to achieve lease compliance or is it necessary to provide the Resident or household member the same opportunity that a non-disabled Resident has to use and enjoy housing? (Note: the concept of necessity requires at a minimum the showing that the desired accommodation will affirmatively enhance a disabled resident's quality of life by ameliorating affects of the disability).

Yes ____

No ____

Please explain: _____

5. If the reasonable accommodation request concerns an assistance animal (service/companion animal), do you have personal knowledge that the animal was individually trained to provide assistance to requesting individual?



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Yes _____

No _____

If no, please describe why not: _____

6. If the reasonable accommodation request concerns a request for service/companion animals, do you have personal knowledge that multiple animals are necessary?

Yes _____

No _____

If yes, briefly describe the accommodation you recommend _____

7. Could lease compliance be more effectively achieved by some other accommodation?

Yes _____

No _____

If yes, briefly describe the accommodation you have in mind _____

8. In your professional opinion, is the need for this accommodation related to the applicant's disability?

Yes _____

No _____

Please explain: _____

I acknowledge my answers to these questions to be my professional opinion under the penalties of perjury.

Signature of Medical Professional Supplying Information:

Signature: _____

Address: _____