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

DISABLED INDIVIDUAL who needs the requested reasonable accommodation (Print)

_____

REQUESTED REASONABLE ACCOMMODATION:

_____ A Barrier-Free Apartment
_____ A Separate Bedroom
_____ One-Level Unit
_____ Service/Assistant Animal
_____ 1st Floor Bedroom
_____ Live-In Aide
_____ Other _____

_____ Unit with Visual Accessible Features
_____ Unit with Hearing Accessible Features
_____ Unit with Wheelchair Accessible Features
_____ Emotional Support Animal
_____ 1st Floor Bathroom

Describe requested reasonable 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 an opinion regarding his/her requested accommodation. We ask for 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 ensure the timely processing of the application for assistance. This information may be returned by email or fax to CMHA's office. The applicant/tenant has consented to this release of information as shown on the enclosed consent form or signature below.

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 of Household Member Date

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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 MEDICAL PROFESSIONAL:

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

1. Does the disabled individual requesting the reasonable accommodation meet the above definition? Yes _____ No _____

   If no, describe why not: _____
   _____

2. Are you professionally licensed in the State of Ohio and authorized to provide a diagnosis? Yes _____ No _____

   If no, describe why not: _____
   _____

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

   Yes _____ No _____

   If no, 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 must use and enjoy housing? (Note: the concept of necessity requires *at a minimum* that the desired accommodation will affirmatively enhance a disabled resident's quality of life by ameliorating effects of the disability).

   Yes _____ No _____

   Additional comments: _____
   _____

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

   Yes _____ No _____

6. If the reasonable accommodation request concerns an emotional support animal(s) do you have personal knowledge that the animal(s) will affirmatively enhance a disabled resident's quality of life by ameliorating effects of the disability?

   Yes _____ No _____

7. If the reasonable accommodation request concerns a request for a wheelchair accessible unit, do you have personal knowledge that a wheelchair accessible unit is necessary?

   Yes _____ No _____

   What features are needed and why: _____
   _____

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

   Yes _____ No _____

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

   Yes _____ No _____

   If yes, describe the accommodation you believe is needed: _____
   _____

10. If the reasonable accommodation request concerns an extra bedroom, does the individual's disability require the use of an extra bedroom?

    Yes _____ No _____

    If yes, explain why the individual needs an extra bedroom: _____
    _____

    If for medical equipment/supplies, please list what will be stored in the extra bedroom:
    _____
    _____

11. If the individual requires a live-in aide, is this aide required to provide the Resident or household member the same opportunity that a non-disabled Resident must use and enjoy housing? Yes _____ No _____

    If yes, explain what services this aide will supply if approved to be added to the household? _____
    _____

12. In your professional opinion, what is the nexus between the individual's disability and the reasonable accommodation needed?
    _____
    _____

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

_____ _____
Signature of Medical Provider Date

Address of Medical Provider:
_____
_____

Phone Number: _____
Email Address: _____