

**REQUEST FOR VERIFICATION
MHA OF COUNCIL BLUFFS PUBLIC HOUSING
JULY 2, 2013**

Tenant ID

Reasonable Accommodation

1. The following member of my household has a disability as defined by: (a physical or mental impairment that substantially limits one or more life activities; or a record of having such an impairment; or regarded as having such an impairment.)

Name: _____ Relationship to you: _____

2. As a result of this disability, I am requesting the following specific accommodation: (check one or more boxes below)

A change in my apartment or other part of the housing development (Please specify):

A change in the following rule, policy, or procedure (Note that a change in how to meet the terms of the lease may be requested but the terms of the lease must be met.) (Please specify):

Other (For example, a change in the way the housing authority communicates with you). (Please specify):

3. The request for reasonable accommodation is necessary so that I (or my family member) can (Please specify):

4. I authorize the housing authority to verify that I (or my family member) have a disability and have the need for the specific accommodation I have requested. In order to verify this information, the housing authority may contact the following licensed professional: (Note: You may also bring this form directly back to the housing authority)

Name: _____

Title of professional or expert: _____

Agency, Facility or Institution (if any): _____

Address: _____

Telephone: _____

I understand that the information obtained by the housing authority will be kept completely confidential and used solely to make a determination on my accommodation request.

Please call _____ Housing Authority representative, at _____ if you have questions.

Signature _____

Date _____

