

Reasonable Accommodation/Modification
Disability Verification Form

Name: _____

Address: _____

Phone: _____

The person named above has a disability defined as a **physical or mental impairment** that **substantially limits** one or more **major life activities**. **Major life activities** include, but are not limited to, caring for oneself, performing manual tasks, walking, operation of muscular skeletal system, seeing, learning working, breathing, speaking and hearing.

The **impairment** is:

- Physical (specify): _____
- Mental (specify): _____
- Both (specify): _____

The **major life activity** substantially limited is: *(check all that apply)*

- Caring for oneself
- Seeing
- Breathing
- Performing manual tasks
- Learning
- Speaking
- Walking
- Working
- Hearing
- Operation of muscular skeletal system
- Other *(please specify)* _____

In my opinion, allowing _____ to _____
Name Accommodation/Modification to be granted
_____ is a reasonable accommodation/modification of her/his

disability that provides her/him with an equal opportunity to use and enjoy her/his housing

because: _____

Signed: _____

Printed Name: _____ Date: _____