

TENANT/APPLICANT REQUEST FOR REASONABLE ACCOMMODATION

Tenant/Applicant Name: _____ Phone: _____

Address: _____

Tenant/Applicant Request: I am requesting the following accommodation from the Laconia Housing Authority. I understand that this request will be forwarded to the Verification Source that I have listed below so that they may certify that I have a disability and that the accommodation that I have requested is directly related to my disability. I also understand that the Housing Authority will be reviewing this accommodation request for reasonableness and possibly researching alternative options.

Explain the request in detail:

The following Qualified Medical Professional can verify the information I provided above:

Name: _____

Address: _____

I understand that by signing this form I give LHA permission to verify that I qualify as "disabled" under federal law and that the accommodation request is directly related to my disability.

Tenant/Applicant Signature

Date

To Verification Source:

The household member named above has applied for, or is receiving federal rental assistance at our property. The household member has requested an accessible unit, an accommodation, or modification as described above. We are required to verify that the household member qualifies as "disabled" under the federal law and that the above request is directly related to that disability. We would appreciate your cooperation in answering the questions on the attached form and returning it to Property Manager listed below. Enclosed is a stamped, self-addressed envelope.

Property Manager: _____

Property: _____

**Laconia Housing Authority
25 Union Avenue
Laconia, NH 03246**

This form must be completed by the Qualified Medical Professional listed on the first page.

Definition of Disability: Federal laws define a person with a disability as "Any person who has a physical or mental impairment that substantially limits one or more major life activity; has a record of such impairment; or is regarded as having such impairment." 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 Immunodeficiency Virus infection, mental retardation, emotional illness, drug addiction or alcoholism. This definition does not include any individual who is a drug addict and who is currently using illegal drugs or an alcoholic who poses a direct threat to property or safety because of alcohol use.

INDIVIDUAL'S NAME: _____ **Date of Birth** _____

1. Is this individual disabled? Yes _____ No _____ I don't know _____
2. Is the reasonable accommodation requested on page one directly related to his/her disability and necessary to afford him/her the opportunity to access housing, maintain housing, or fully use/enjoy housing. (Necessary indicates necessity as opposed to only a matter of convenience or preference.) Yes _____ No _____

Additional information: _____

3. Please describe any alternative accommodation or modification that could meet the household member's needs in place of what the member has requested.

I certify that the above information is true and correct and that I am verifying that the above named individual is disabled (per above definition) and that this accommodation is related to the disability and necessary for the individual to maintain/or fully use/enjoy housing.

Signature of Qualified Medical Professional completing form

Date

Printed Name of Signer

Phone #