

Reasonable Accommodation Verification Form - Live-In Aide

Instructions

Purpose of this form: This form is used to verify a reasonable accommodation or modification request. This form is provided for convenience and this specific form is not required. If you require an accommodation in order to complete this form please contact the property management office.

Date: _____ RA Log #: _____

Re: Verification of Section 504 Request for Applicant/Tenant

To (Certifying Knowledgeable Professional): _____

From (manager's name, address, and phone): _____

Re (applicant/resident name and address): _____



[insert company letterhead]

The person identified above has submitted the attached request for an accommodation under Section 504 of the Rehabilitation Act of 1973, requesting permission to have a live-in aide who would live in the household with the resident for the sole purpose of providing supportive services essential to the resident's care and well-being. If a resident at our site who is elderly (age 62 or older) or near elderly (age 50 or older) and/or who has a disability requests permission to have a live-in aide, we must consider the request. We must determine whether the resident qualifies as disabled under federal law and whether the resident requires the live-in aide in order to have an equal opportunity to use and enjoy our site.

In order to meet the specific needs of individuals with disabilities, we ask your cooperation in providing the following information and returning it to [email address of Section 504 Coordinator]. Your prompt return of this information will help assure timely processing of the individual's request for accommodation. The applicant/resident has consented to the release of this information on the attached request.



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PART I: Individual with Disabilities

Check the appropriate line below. An individual with disabilities is defined by Section 504 as any person who: (1) has a physical or mental impairment that substantially limits one or more major life activities (caring for one's self, performing manual tasks, seeing, hearing, speaking, breathing, learning and working); (2) has a record of such impairment; or (3) is regarded as having such an impairment.

☐ **I CONSIDER** that the above mentioned individual meets the above definition as an individual with disabilities.

☐ **I DO NOT CONSIDER** that the above mentioned individual meets the above definition as an individual with disabilities.

PART II: Reasonable Accommodation

Check the appropriate line below. Based on a review of the attached Section 504 Request for Reasonable Accommodation Form, does this resident need the accommodation described in order to have the same opportunity that a nondisabled individual has to use and enjoy our site?

☐ **I CONSIDER** a live-in aide **necessary** to afford this individual with disabilities equal opportunity to use and enjoy a dwelling unit and/or common areas. Please describe how the live-in aide would meet the specific needs of this individual with disabilities.

[insert company letterhead]

- ☐ **I DO NOT CONSIDER** a live-in aide **necessary** to afford this individual with disabilities equal opportunity to use and enjoy a dwelling unit and/or common areas. If appropriate, please identify alternate reasonable accommodations that would meet the specific needs of this individual with disabilities:

Name of Certifying Knowledgeable Professional

Title/Agency

Signature

Date

All information is requested solely to determine this individual's need for accommodation as stated and will be held in strict confidence.

Fraud and False Statements: Title 18, Section 1001 of the U.S. Code states that a person who knowingly and willingly makes false and fraudulent statements to any department or employee of the United States Government, HUD, a Public Housing Authority or a Property Owner may be subject to penalties that include fines and/or imprisonment.

