

Certification of Need for Reasonable Accommodation/Modification

Date

Name

Client number (if known)

Address

Please return to *Kingsport Housing & Redevelopment Authority* in the self-addressed stamped envelope provided.

Please be aware of the following while completing this request:

- **Do not** send us the medical records of the individual requesting your certification.
- **Do not** include any details which disclose the nature or severity of the individual's disability. This information is not necessary to verify the needed requested adjustment.

Dear *Knowledgeable Professional*:

The Applicant/Resident named above has identified you as a professional who is competent to render an opinion in this case and who is knowledgeable about this situation. If so, please complete this form. If the above statement is incorrect, please contact *our agency by phone at 423-245-0135*. Please note that reasonable accommodations deviating from standard housing authority policies and procedures as well as structural modifications to units or structures must be legitimately related to the limitation posed by the disability and reasonably allow an individual equal access and enjoyment of the housing program and its benefits. Whereas your analysis and assessment are extremely valuable, please be aware that any statements you make about individuals or events about which you do not have direct or first-hand knowledge may be called into question in administrative or judicial proceedings and require your sworn testimony in such proceedings.

The Applicant/Resident indicated above has given the housing authority permission to contact you (see *attached*) to verify that he/she has a disability within the meaning of the definition provided below and as a direct result of the limitation posed by his/her disability, needs a reasonable adjustment to a policy, procedure, auxiliary aid, service or a physical change in order for him/her to apply for and/or reside in a public housing unit.

Please read the following information carefully and answer the following questions:

1. In my professional opinion, I certify that *the Applicant/Resident* has a qualifying disability as defined by one of the categories below:
 - a) A physical, mental or emotional impairment that substantially limits one or more major life activities (*Major life activities include, but are not limited to: performing tasks, caring for oneself, walking, talking, seeing, hearing, breathing, learning, or working.*)

Yes No No Knowledge

Please note that persons are protected from discrimination under the Americans with Disabilities Act if they meet the following conditions:

- b) A record of having such an impairment; or
- c) Being regarded as having such impairment.



2. In my professional opinion and based upon the attached forms, I certify that the Applicant/Resident named above needs _____ as certain conditions of the above identified disability constitute a barrier to residing in public housing.

Yes No No Knowledge

3. In my professional opinion, I believe that the above requested accommodation is reasonably connected to the Applicant/Resident 's disability and allows for him or her to remain eligible for participation in public housing.

Yes No No Knowledge

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 of the United States Government, the Department of Housing and Urban Development (HUD), a public housing authority (PHA), and any owner (or employee of HUD, the PHA, or the owner) may be subject to penalties that include fines and/or imprisonment.

I understand that I may be contacted by the housing authority to verify the information I have provided or to provide further information/clarification regarding this request.

Printed Name

Signature

Specialty of Knowledgeable Professional

Address

Phone

Date

11-12-2014

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