

**VERIFICATION OF NEED  
FOR REASONABLE ACCOMMODATION\ACCESSIBLE UNIT\UNIT MODIFICATION  
TO BE COMPLETED BY THE INDIVIDUAL REQUESTING THE REASONABLE ACCOMODATION**

Tenant or Applicant Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ AMP \_\_\_\_\_  
\_\_\_\_\_

**I have applied for housing assistance through Stark Metropolitan Housing Authority and request that you fill out the following verification. I have requested the following program change or accommodation:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**TO BE COMPLETED BY QUALIFIED THIRD PARTY**

1. In my opinion as a qualified third party professional, the applicant or tenant has a disability as defined below:

- A. A physical or mental impairment that substantially limits one or more major life activities.
- B. A record of having such an impairment; and
- C. Being regarded as having such an impairment.

Yes       No

2. In my opinion, the applicant or tenant's **disability is directly related to requested accommodation** and is necessary in order for the tenant to have the same access or benefit from the program that a non-disabled person would have.

Yes       No

Please describe any additional modification or accommodation that you believe is necessary **without** providing the medical diagnosis:

\_\_\_\_\_  
\_\_\_\_\_

I **do not believe** the applicant/tenant needs a change to the policies and procedures as a result of his/her disability to have an equal housing opportunity.

I **cannot verify** that the enclosed request is necessary for the above named person, as a result of his/her disability to have equal housing opportunity.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title of Qualified Third Party Verifier

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone