EVERETT HOUSING AUTHORITY

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To Knowledgeable Professional:

Federal laws require public housing providers to make changes to rules, policies and procedures as a Reasonable Accommodation if such changes are necessary to enable a person with a disability to have equal access.

Your client is a household member of a family that has applied for or is receiving federally subsidized housing assistance. The person named above has asked you to verify his or her disability and need for a Reasonable Accommodation. **Please note that such changes must be necessary as a result of the person's disability as opposed to a change that merely benefits the individual**.
We ask that you carefully review this client's request and verify that in your professional opinion, there are facts that substantiate the information supplied on the Request for Reasonable Accommodation form. Please indicate whether you believe the individual has a disability with the definition provided and that the accommodation is necessary and will achieve its stated purpose. You may also add or provide additional information that would be helpful in making the appropriate accommodation for this person.

Please be aware of the following while completing this request:

- Please refrain from sending us medical records of the individual requesting your certification.
- Please refrain some sending us details which disclose the nature or severity of the individual's disability. This information is not necessary to verify the needed requested adjustment.

Please note that the applicant/client has signed a Release of Information requesting that you provide information and answer the questions. If you have any questions, feel free to contact me at 425-303-1166.

Sincerely,

Anna Todd
HCV Manager

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VERIFICATION OF NEED FORM – This form must be completed by a qualified professional whose function is to provide services to the below-named person with a disability.

The Everett Housing Authority applicant/client named below has applied for a Reasonable Accommodation and is requesting that you, as his/her provider, fill out the following certification. A copy of the Request for Reasonable Accommodation form completed by the applicant/client with his/her signature for release of information is enclosed.

Please read the following information carefully and answer the questions.

1. In my professional opinion, I certify that _____has a disability as defined below:
Client First & Last Name

a. A physical, mental, or emotional impairment which substantially limits one or more of this person's major life activities: YES ☐ NO ☐ NO KNOWLEDGE ☐

b. A record of having such an impairment: or YES ☐ NO ☐ NO KNOWLEDGE ☐

c. Is regarded as having such an impairment. YES ☐ NO ☐ NO KNOWLEDGE ☐

2. ☐ In my professional opinion, I certify that the named person above **DOES NOT** need the requested accommodation(s).

3. In my professional opinion, I certify that _____needs:
Client First & Last Name

_____

_____ *Don't skip.*

because:_____

_____

_____

as certain conditions of the above identified disability constitutes a barrier to housing.

4. YES ☐ NO ☐ In my professional opinion, I believe that the above requested accommodation is reasonably connected to our shared client's disability and allows for him or her to participate fully in the Housing Choice Voucher program.

5. Does this accommodation need to be evaluated annually to determine its necessity? YES ☐ NO ☐

Note: Everett Housing Authority reserves the right to require recertification of the need for an accommodation on an annual basis notwithstanding the response provided above.

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WARNING: 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 files and/or imprisonment.

☐ I certify that the information and statements I have provided as part of and/or in support of this request for a Reasonable Accommodation are to the best of my knowledge true and accurate. I also certify that I have reviewed all attached documents pertaining to this request.

Print Name: _____ Signature: _____ Date: _____

Title: _____ Specialty of Knowledgeable Professional: _____

Agency / Facility / Institution: _____

Address: _____ City / State / Zip: _____

Phone: _____ Fax: _____

Definitions

Definition of Live-in Aides (24 CFR Section 5.403): a person who resides with one or more elderly persons, near elderly persons or persons with disabilities and who is 1) determined to be essential to the care and well-being of the persons, 2) is not obligated for the support of the persons, and 3) would not be living in the unit except to provide the necessary supportive services. The live-in aide must be identified by the family and approved by the Housing Authority.

Occasional, intermittent, multiple, or rotating care givers do not meet the definition of a live-in aide since 24 CFR Section 982.402(7) implies live-in aides must reside with the family permanently for the family unit size to be adjusted in accordance with the subsidy standards established by the PHA. Therefore, regardless of whether these care givers spend the night, an additional bedroom should not be approved.

Definition of Service Animal (28 CFR 36.104): Service animal means any dog (or miniature horse per 28 CFR 35.136) that is individually trained to do work or perform tasks for the benefit of an individual with a disability, including a physical, sensory, psychiatric, intellectual, or other mental disability. Other species of animals, whether wild or domestic, trained or untrained, are not service animals for the purposes of this definition. The work or tasks performed by a service animal must be directly related to the handler's disability.