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Reasonable Accommodation/Modification Verification Form

The Housing Authority of the City of Pasco and Franklin County (HACPFC) is committed to the letter and spirit of Section 504 of the Rehabilitation Act and the Fair Housing Act, which, among other things, prohibits discrimination against persons with disabilities. In accordance with our statutory responsibilities and program accessibility policies, we will make reasonable accommodations in our rules, policies, practices, or services, when such accommodations may be necessary to afford persons with disabilities an equal opportunity to use and enjoy their housing communities. In addition, we will provide reasonable modifications to the apartments and common areas if necessary for the use by our residents. If you are requesting such an accommodation/modification, please sign this form and fill in the name, address and telephone number (below) of a **qualified third party professional** who will complete this form and return it to us.

The EEOC's (Equal Employment Opportunity Commission) guidance on reasonable accommodation under the Americans with Disabilities Act states, a certifying agency and/or Housing Authority may require documentation "from an appropriate health care or rehabilitation professional". The appropriate professional in any particular situation will depend on the disability and the type of functional limitation it imposes. Appropriate professionals include, for example, doctors (including psychiatrists), psychologists, physical therapists, vocational rehabilitation specialists, and licensed mental health professionals.

Printed name of resident: _____

Signature of resident: _____

My signature above authorizes the verifier to provide the information requested below.

VERIFICATION OF NEED FOR REASONABLE ACCOMMODATION

Under Section 504 and the Fair Housing Act, a "disability" is a physical or mental impairment, which substantially limits one or more of a person's major life activities, a record of having such impairment, or being regarded as having such an impairment.

1. Does this resident have a disability, as defined by the Fair Housing Act? Yes _____ No _____
2. If yes, does this resident, **because of this disability**, need an accommodation in any rules, policies, practices, or services or need a structural modification to HACPFC property to have an equal opportunity to use and enjoy his or her home? Yes _____ No _____
3. If yes, please describe the accommodation/modification requested. _____

Name and address of person (*third party professional*) completing this form:

Name (please print): _____ Position: _____

Address: _____ Telephone: _____

Signature: _____ Date: _____

Warning: 18 U.S.C. 1001 provides, among other things, that whoever knowingly and willfully makes or uses a document or writing containing any false, fictitious or fraudulent statement or entry, in any matter within the jurisdiction of any department or agency of the United States, shall be fined not more than \$10,000, imprisoned for not more than five years, or both.

