

**Reasonable Accommodation/Modification**  
**Disability Verification Form**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_

The person named above has a disability defined as a **physical or mental impairment that substantially limits** one or more **major life activities**. Major life activities include, but are not limited to, caring for oneself, performing manual tasks, walking, operation of muscular skeletal system, seeing, learning working, breathing, speaking and hearing.

The **impairment** is:

- Physical (specify): \_\_\_\_\_
- Mental (specify): \_\_\_\_\_
- Both (specify): \_\_\_\_\_

The **major life activity** substantially limited is: *(check all that apply)*

<input type="checkbox"/>	Caring for oneself	<input type="checkbox"/>	Seeing	<input type="checkbox"/>	<input type="checkbox"/>	Breathing
<input type="checkbox"/>	Performing manual tasks	<input type="checkbox"/>	Learning	<input type="checkbox"/>	<input type="checkbox"/>	Speaking
<input type="checkbox"/>	Walking	<input type="checkbox"/>	Working	<input type="checkbox"/>	<input type="checkbox"/>	Hearing
<input type="checkbox"/>	Operation of muscular skeletal system	<input type="checkbox"/>	Other <i>(please specify)</i> : _____			

In my opinion, allowing \_\_\_\_\_ to \_\_\_\_\_

*Name*                      *Accommodation/Modification to be granted*

\_\_\_\_\_ is a reasonable accommodation/modification of her/his  
 disability that provides her/him with an equal opportunity to use and enjoy her/his housing  
 because: \_\_\_\_\_

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

Printed Name: \_\_\_\_\_

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