



OLIVER

MANAGEMENT SERVICES
5713 GRAND AVE SUITE B
DULUTH, MN 55807

(218) 628-0311 * FAX (218) 624-2235

Verification of the Need for a Reasonable Accommodation – Disability & Need

The owner/agent provides reasonable modifications/accommodations for applicants/residents with disabilities who have a verifiable need for the reasonable modification/accommodation. A reasonable accommodation is a change to a rule that allows a disabled resident to use the community. A reasonable modification is a modification made to an apartment or common area that allows a disabled resident/applicant the ability to use and enjoy our apartment community.

In order to qualify for a reasonable accommodation/modification the need **must be related to a disability** and there must be a nexus between the disability and the request. (For example, a resident, whose arthritis impairs the use of her hands and causes her substantial difficulty in using the doorknobs in her apartment, wishes to replace the doorknobs with levers. There is a relationship between the resident’s disability and request modification.)

Name of Applicant and/or Resident (print): _____

Describe the Request: _____

HOUSEHOLD MEMBER RELEASE	
TO THE HOUSEHOLD MEMBER:	
YOU DO NOT HAVE TO SIGN THIS FORM IF THE NAME OR ADDRESS OF EITHER THE PROPERTY NAME OR THE VERIFYER IS LEFT BLANK.	
RELEASE: I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is no older than 12 months. There are circumstances which would require the owner to verify information that is up to 5 years old, which would be authorized by me on a separate consent attached to a copy of this consent.	
Signature _____	Date _____

Please check any paragraph below which applies.

I ___ can ___ cannot verify that the enclosed request is necessary for changes to the apartment or common area or to policies and procedures for the above named person, as a result of his/her disability, **to have equal housing opportunity.**

Note: If you can verify the necessity for the accommodation, please answer questions below.

If you cannot verify the necessity for the accommodation, please sign the form and return to the owner/agent.

1. In my opinion, the applicant or resident has a disability as defined below:

- A physical or mental condition that substantially limits one or more major life activities
- A record of having such condition
- Is regarded as having such condition

YES NO

2. In my opinion, the applicant/resident's disability requires that he/she lives in:

A *mobility-accessible* apartment – This apartment must be fully mobility-accessible in accordance with UFAS. Features include, but are not limited to, roll-under sinks, roll-in showers, wider doorways, lower apartment controls, lower peephole, grab bars etc.

A *communication-accessible (hearing/visually accessible)* apartment – This apartment must be fully communication-accessible in accordance with UFAS. Features include, but are not limited to, visual alarms, automatic lighting, tactile signage, etc.

An Apartment with *special accessibility features* – if this is checked, you verify that the resident does not need a fully accessible unit, however, the indicated accessibility features are **required**. Accessibility features include roll-in showers, raised toilets, grab bars, levered door handles, levered faucet controls, solid flooring (tile, laminate, vinyl) etc.

The following features are necessary for the applicant/resident's unit:

None of the above

3. Please Verify that the enclosed description of needed changes, requested by the applicant/resident, are necessary for equal enjoyment of the housing opportunity as a result of his/her disability.

In my opinion, the applicant/resident's disability requires that the requested physical modifications to the apartment or common area or reasonable accommodation to the apartment rules be made in order for the applicant/resident to have equal opportunity to live successfully in this housing. There is a nexus between the disability and the request.

YES NO

4. How long will the applicant's/resident's condition exist?

Permanent disability or

Temporary disability

Expected duration Less than one year Between one year and five years More than 5 years.

5. Please indicate how current your knowledge is regarding this individual

Within the last 12 months

Prior to the last 12 months

If you have any questions about filling out this form, please call:

Penny Van Why, Compliance Manager, 218-628-0311

PENALTIES FOR MISUSING THIS VERIFICATION FORM

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government, HUD, the PHA and any owner (or any employee of HUD, the PHA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek another rrelief, as may be appropriate, against the officer or employee of HUD, the PHA or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208 (a) (6), (7) and (8). Violation of these provisions are cited as violations of 42. U.S.C. 408 (a) (6), (7) and (8)

By signing this form, I certify that the information provided above is true:

Name and position of verifier (Please Print) _____

Signature of Verifier: _____ Date: _____

Telephone: _____ Email: _____