The Housing Authority of Gloucester County
Administrative Offices
100 Pop Moylan Boulevard
Deptford, NJ 08096
Phone: (856) 845-4959 Fax: (856) 384-9044

REASONABLE ACCOMMODATION VERIFICATION FORM

THIS SECTION IS TO BE COMPLETED BY THE HOUSING AUTHORITY OF GLOUCSTER COUNTY

(1) Name of person requiring accommodation/modification:

_____

(2) Description of accommodation/modification being requested:

_____

THIS SECTION IS TO BE COMPLETED BY A QUALIFIED INDIVIDUAL*:

> **A Qualified Individual can be a doctor or other medical professional, a peer support group, a non-medical service agency, a caseworker, a vocational/rehab specialist, counselor, or a reliable third party who is in a position to know about the individual's disability.*

Under federal and state law, an individual is disabled if he/she has a physical or mental impairment that substantially limits one or more major life activities, has a record of such impairment, or is regarded as having such impairment. (See the Americans with Disabilities Act). Major life activities include walking, seeing, hearing, speaking, breathing, thinking, communicating, learning, performing manual tasks, and caring for oneself. Impairments also include such diseases and conditions as orthopedic; visual; speech and hearing impairments; Cerebral Palsy; autism; seizure disorder; Muscular Dystrophy; Multiple Sclerosis; cancer; heart disease; diabetes; HIV; mental retardation, mental and emotional illness; drug addiction; and alcoholism. This definition does not cover any individual who is a drug addict and currently using an illegal drug, or an alcoholic who poses a direct threat to property or safety because of alcohol use.

The individual listed above has identified him or herself as having a disability and has asked for a reasonable accommodation from this agency to meet certain needs dictated by the disability.

(1) Does this individual have a disability, as defined above?
Yes☐ No☐ Unable to determine☐

(2) If yes, does this individual, because of this disability, need an accommodation/modification in any rule, polices, practice or service of the Housing Authority to afford him/her the opportunity to access housing, maintain housing, or fully use/enjoy housing? (Necessary indicates necessity as opposed to only a matter of convenience or preference).
Yes☐ No☐ Unable to determine☐

(3) If yes, please describe the accommodation/modification needed:

_____

_____

_____

I certify that the information above is true and correct.

Signature: _____

Date: _____

Printed Name: _____

Professional Title: _____

Name of Clinic, Hospital, etc.: _____

Address: _____

Phone Number: _____

Fax Number: _____