



REASONABLE ACCOMMODATIONS VERIFICATION FORM

Baltimore County Office of Housing (BCOH) provides reasonable accommodations to individuals with disabilities who have a disability related need for the accommodation. A reasonable accommodation is an exception made to the usual rules or policies that may be necessary because of a disability for the participant. Examples may include: receiving information in Braille or electronically; providing interpreter services; modifying a housing unit (e.g. grab bars, raised toilet); transferring to another unit; live-in aide.

The individual identified below has authorized you to provide verification in support of their request. Please complete the information in Part B below. Thank you for your assistance in completing this form.

The information obtained will be kept confidential and used solely by BCOH to determine the need for an accommodation.

Part A. Name of Participant (print): _____

Please describe your request for Reasonable Accommodation below:

Signature of Participant: _____

This signature authorizes the verifier to provide answers to the questions below to the best of his/her knowledge.

Part B. 1. In my opinion, the individual has a disability as defined below. YES NO
A) ___ A physical or mental impairment that substantially limits one or more major life activities;

B) ___ A record of having such an impairment, or;

C) ___ Is regarded as having such an impairment.

2. I verify that this request is directly related to the individual's disability and may be necessary to access housing services, maintain housing or fully use or enjoy their housing. I recommend that the request for accommodation as described above be approved.

YES NO

3. Describe how this accommodation will enable the individual to have the opportunity to access housing, maintain housing or fully use/enjoy housing.

Name & Position of Verifier (Please Print)

Date

Signature of Verifier

Telephone Number

Address