

Certification of Need for Reasonable Accommodation or Structural Modification

(Date)

RE: _____'s request for **REASONABLE ACCOMMODATION**.
(Name of Applicant or Resident)

Please return to _____ in the self-addressed stamped envelope provided
or by fax to _____.

_____ has identified you as a professional who is qualified to certify the
(Name of Applicant or Resident)
need for an accommodation based upon disability.

1) Overall, based on your professional opinion, you: (Please check only one of the following)

Certify that the Request for Reasonable Accommodation sent to you for changes to the unit or common area or to rules, policies and procedures is necessary for Applicant/Resident, as a result of his/her disability in order to have an equal housing opportunity.

OR

Cannot Certify/Do Not Believe that the Request for Reasonable Accommodation sent to you is necessary for the Applicant/Resident to have an equal housing opportunity.

→ If you cannot certify the request, then please proceed to page 2.

2) Please describe what the Applicant/Resident is requesting:



3) **Please describe the relationship between the requested accommodation and the disability:**

Please be aware of the following while completing this request:

- **Do not send the CHA medical records of the individual requesting your certification.**
- **Do not include any details which disclose the nature or severity of the individual's disability. This information is not necessary to verify the needed requested adjustment.**

FRAUD AND FALSE STATEMENTS

Title 18 Section 1001 of the U.S. Code states that a person whom knowingly and willingly makes false and fraudulent statements to any department of the United States Government, the Department of Housing and Urban Development (HUD), a public housing authority (PHA), and any owner (or employee of HUD, the PHA, or the owner) may be subject to penalties that include fines and/or imprisonment.

Please be advised that your certification may be presented as evidence at a formal grievance or legal action. The CHA may report this certification to the Illinois Department of Professional Regulation or its equivalent regulatory board in another state, your professional association, and/or the appropriate Ethics Board regulating your profession if this certification is found to be false.

Date

Printed Name

Signature

Specialty of Knowledgeable Professional

Address

Phone **Fax**

Best time of day to contact you