PROOF OF NEED FOR A REASONABLE ACCOMMODATION

Dear _______________: 

I am currently providing health services to ________________ in the capacity of qualified health professional. ________________ has contacted me regarding his/her need for a reasonable accommodation. He/She makes this request pursuant to the Fair Housing Act, 42 U.S.C. §3604, which requires housing providers to make “reasonable accommodations in rules, policies, practices, or services, when such accommodations may be necessary to afford such person equal opportunity to use and enjoy a dwelling.” I have been informed that the accommodation he/she requested is: ____________________________________________________________________________________________  

________________________________________________________________________________________ [describe RA request].  

I am aware of the nature and extent of ________________’s disability and I understand the reasons for his/her request for a reasonable accommodation. I do hereby verify that, in my professional judgment, he/she meets the definition of “handicapped” under the Fair Housing Act and that such a reasonable accommodation may be necessary to afford him/her the equal opportunity to use and enjoy the dwelling unit in which he/she resides, as provided by the Fair Housing Act. I also understand that you may not inquire into the nature and severity of his/her disability.

Sincerely,

___________________________________________________ _______________________
Health Professional’s signature Date

___________________________________________________
Health Professional’s printed name

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