

VERIFICATION OF NEED FOR ACCESSIBLE UNIT

Applicant's Name _____

I do not need an accessible unit _____

Signature: _____ Date _____

If you need an accessible unit, please complete your portion of the remainder of this form and have your practitioner complete his/her portion.

Our facility offers a limited number of units designed with accessibility features for persons with impairments. To qualify for such a unit, you must have your attending practitioner (physician, physical therapist, or ophthalmologist) or any other professional having pertinent information on your condition or needs can complete this form.

Applicant's Name: _____

Address: _____

City/State/Zip code: _____

I HEREBY AUTHORIZE RELEASE OF THE REQUESTED INFORMATION.

Applicants Signature: _____

APPLICANT: PLEASE HAVE THE PROFESSIONAL FILL OUT, SIGN, DATE AND RETURN THIS FORM TO YOU. MAKE SURE YOU BRING THIS COMPLETED FORM TO YOUR INTERVIEW.

To Whom It May Concern:

_____ (Applicant) has applied for occupancy at Miracle Village Apartment and has requested an accessible unit. The unit applied comes with the following special features: a handicapped accessible shower, kitchen, stove and kitchen sink.

In addition, the applicant is entitled to have reasonable modifications and accommodations made if they are necessary to allow the applicant full use and enjoyment of the property.

When an applicant requests an accessible unit, the U.S. Department of Housing and Urban Development (HUD) allows inquiries to be made to determine whether an applicant is qualified for a dwelling available only to persons with handicaps or a particular type of handicap, 24 C.F.R. 100.202 © (2). In order to be eligible for occupancy the above named individual must be handicapped according to the following definition.

The person must be determined to have an impairment which is (1) expected to be long continued and indefinite duration. (2) Substantially impedes the person's ability and could be improved by more suitable housing conditions.



Based upon your professional judgement and knowledge of the above named individual:

1. Does he/she have an impairment that is expected to be of long-continued and indefinite duration?

Yes No

2. If so, does the impairment impede this individual's ability to live independently?

Yes No

3. Would living in more suitable living conditions improve this individuals' ability to live independently?

Yes No

4. Would this individual benefit from the availability of specific design features such as those particularly described above designed to provide accessibility to persons with impairments?

Yes No

Thank you for your assistance.

Date: _____ **Signature:** _____

Title and Professional License: _____

Address: _____

City/State/Zip: _____

PLEASE RETURN THIS FORM TO THE APPLICANT

ATTENTION: It is unlawful to make willful false statements intentional misrepresentations to any department or agency of the United States regarding any matter within its jurisdiction. 16U.S.C. 1001.

