THIRD-PARTY VERIFICATION TEMPLATE



Verifying the need for a reasonable accommodation or modification

Under the Fair Housing Act, an accommodation is a change in rule, policy, practice, or service that will provide a person with a disability equal opportunity to use and enjoy their home. A modification is generally a structural change to a unit, common area, and/or a public area. Modifications improve the functionality of a space for a person with a disability. Various sources can provide verification of a person's need for an accommodation or modification, including doctors, nurses, caseworkers, school administrators, and advocates. Verification does not require the disclosure of detailed medical information. For more information, visit www.equalrightscenter.org. As a doctor, therapist, caseworker, or other advocate for a resident with a disability, your written verification can help a resident secure a reasonable accommodation or modification.

Dear [Manager/Name of Housing Provider]:

I am [insert your professional title or relationship to individual making the reasonable accommodation/modification request] and have knowledge about the disability of [name of resident]. I verify that they meet the definition of a person with a disability under the Fair Housing Act.

I understand that they recently made a reasonable [accommodation/modification] request, and can further verify that they have a disability-related need for [description of reasonable accommodation/modification]. This [accommodation/modification] will alleviate [description of disability-related symptoms] of their disability.

Sincerely,

[<u>Name</u>]

[<u>Title</u>]

[<u>Address</u>]

[Telephone Number]



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