

REASONABLE ACCOMMODATIONS VERIFICATION FORM

The Housing Authority of Prince George's County provides reasonable accommodations to qualified 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 brief form.

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

PART A. Name of Participant (print): _____

If different name of person needing the Accommodation, identify person needing accommodation (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.

Please note that you can ask for a reasonable accommodation to use HAPGC's housing or services. This can include auxiliary aids or services, materials in an alternative format, or help in completing paperwork or changes to your housing based on your disability. Contact the 504 Coordinator at (301)883-5576 or email dhcd-504@co.pg.md.us for assistance.



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

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 accommodations as described above be approved.

YES NO

3. If the answer to Question 2 is "Yes," describe how this accommodation will enable the individual to have the opportunity to access housing, maintain housing or fully use/enjoy housing.

Name & Title (Please Print) _____

Signature of Verifier: _____ Date: _____

Address: _____

Telephone: _____

Warning: 18 U.S.C. 1001 provides, among other things, that whoever knowingly and willfully makes or uses a document or writing containing any false, fictitious, or fraudulent statement or entry, in any matter within the jurisdiction of any department or agency of the United States, shall be fined not more than \$10,000, imprisoned for not more than five years, or both

Please note that you can ask for a reasonable accommodation to use HAPGC's housing or services. This can include auxiliary aids or services, materials in an alternative format, or help in completing paperwork or changes to your housing based on your disability. Contact the 504 Coordinator at (301)883-5576 or email dhcd-504@co.pg.md.us for assistance.



9200 Basil Court – Suite #107 | Largo, Maryland 20774 | 301.883.5501



Ha.mypgc.us | Maryland Relay 711