



**THIRD-PARTY VERIFICATION IN RESPONSE TO
REQUEST FOR A REASONABLE ACCOMMODATION/MODIFICATION**
(A letter from a knowledgeable third-party will suffice in place of this form)

Head of Household: _____ EID: _____

Name of individual/individuals requiring accommodation/modification:

Date of birth of person requiring accommodation/modification: _____

Description of accommodation/modification being requested:

Instructions: The individual named above has made a request to the Houston Housing Authority for a reasonable accommodation or modification. To ensure timely processing of this individual’s request, please complete ALL sections of this form prior to submission to the Houston Housing Authority.

PART A: NATURE OF CONTACT THE THIRD-PARTY PROFESSIONAL HAS HAD WITH THE PERSON MAKING THE REQUEST

1. Date you began evaluating individual: ____ / ____ / ____
2. Number of times you have evaluated or treated the individual in the last twelve (12) months: ____

PART B: QUESTIONS TO HELP DETERMINE WHETHER THE PATIENT HAS A DISABILITY

Please carefully review the definitions before answering. The following questions may help us to determine whether the person named is an individual with a disability as defined under Section 504 of the Rehabilitation Act of 1973, Americans with Disabilities Act and Fair Housing Act.

Disability: a mental or physical impairment that substantially limits a major life activities; a record of a such impairment; or being “regarded as” having such an impairment

Impairment: Any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems: neurological; musculoskeletal; special sense organs; respiratory, including speech organs; cardiovascular; reproductive; digestive; genito-urinary; hemic and lymphatic; skin; and endocrine; or any mental or psychological disorder, such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities

Substantial limitation: an impairment that substantially interferes with the accomplishment of a major life activity when the individual’s important life activities are restricted as to the conditions, manner, or duration under which they can be performed in comparison to most people





Major life activity: functions such as caring for one’s self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning and working

- 1) Does the individual have an impairment that effects one or more major life activities? ___ Yes ___ No
- 2) If Yes, Is the impairment one of the following (please circle) Physical or Mental
- 3) Does the individual require live-in/ Overnight assistance? ___ Yes ___ No If yes, How many nights a week? _____
- 4) Does the individual require this accommodation on a permanent basis? ___ Yes ___ No

PART C: QUESTIONS TO HELP DETERMINE WHETHER AN ACCOMMODATION IS NEEDED

A qualified housing applicant/tenant with a disability is entitled to an accommodation/modification when the accommodation/modification is reasonable and necessary.

1. What limitation(s) is interfering with the individual’s ability to enjoy the use of or access a benefit of the housing program?

Please explain.

2. If you ordered any medical equipment for the individual, please list all medically necessary equipment.

PART D: CERTIFICATION

Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to knowingly and willingly make any materially false, fictitious, or fraudulent statement or representation to the Houston Housing Authority. I hereby certify that the information I have provided is true and correct.

Printed Name:	_____	Date: _____
Signature:	_____	
Professional Title (If Applicable)	_____	
Name of Clinic, Hospital, etc.:	_____	
Address:	_____	
Telephone No. and Fax No.	_____	





Houston Housing Authority

2640 Fountain View Drive □ Houston, Texas 77057 □ Phone: 713.260.0500 □ TTY: 711 □ www.housingforhouston.com

Please return this completed form via fax at 713-260-0808, by email at 504ADA@housingforhouston.com, or by mail to
Houston Housing Authority

Attn: Reasonable Accommodation
2640 Fountain View Drive Houston,
TX 77057

Please use this section for additional notes (If Applicable):



A Fair Housing and Equal Employment Opportunity Agency. Individuals with disabilities may contact the 504/ADA Administrator at 713-260-0353, TTY 711 or 504ADA@housingforhouston.com. For housing discrimination complaints, call 1-888-560-8913