

VERIFICATION OF NEED FOR AN ACCOMMODATION

Verifying Source's Name: _____

Return To: **Davis Behavioral Health**
934 South Main Street
Layton, UT 84041

Mailing Address: _____

Phone # _____
Fax # _____

Phone # _____
Fax # _____

Applicant/Tenant's Name: _____ DOB: _____ Date: _____

The above-mentioned individual has applied to live in an apartment managed by Davis Behavioral Health. This Program requires us to verify all information that is used in determining that this person is disabled where that disability results in the need for a Reasonable Accommodation.

Definition of "Disabled": Under federal law, an individual is disabled if he/she has a physical or mental impairment that substantially limits one or more major life activities; has a record of such an impairment; or is regarded as having such an impairment. The term physical or mental impairment includes, but is not limited to, such diseases and conditions as orthopedic, visual, speech, and hearing impairments, cerebral palsy, autism, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, and diabetes, Human Immunodeficiency Virus infection, mental retardation, emotional illness, drug addiction, and alcoholism. This definition does not include any individual who is a drug addict and is currently using illegal drugs or an alcoholic who poses a direct threat to property or safety because of alcohol use (24 CFR Part 8.3, and HUD handbook 4350.3, (Exhibit 2-2).

Reasonable Accommodations may include but are not limited to:

- Additional bedroom Barrier-free apartment Physical modifications to a typical apartment
 Unit for vision-impaired One-level unit Live-In Attendant
 Unit for hearing-impaired Other specific accommodation (please explain) _____

Please mark YES or NO next to the questions below:

YES **NO** Is the tenant listed on this form disabled as defined above?

YES **NO** In your professional opinion, does the tenant need the above listed accommodation(s) in order to have the same opportunity that a non-disabled individual has to use and enjoy their home?

YES **NO** Is there a nexus or identifying relationship between the tenant's disability and the accommodation that is being requested?

Verification and explanation of need(s): Please explain how the disability of this individual would be benefited by having the accommodation indicated above. _____

Provider-Please sign below: I hereby certify that the information provided above is true and correct to the best of my knowledge and would be willing to testify so under oath, by deposition or in a court of law.

Source's Name: (Please Print) _____ Agency/Organization _____

Signature of Source: _____ Title: _____

Date Form Completed: _____ Phone #: _____

Penalties for misusing this consent: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 42 U.S.C. 208(f)(g) and (h). Violations of these provisions are cited as violations of 42 U.S.C. 408 (f)(g) and (h).