

**Request For Verification Of Need
For Reasonable Accommodation/Modification**

Dear Health Care Provider, Social Service Provider, or Other Qualified Person:

Syracuse Housing Authority (SHA) is a provider of affordable housing benefits to low-income families within the City of Syracuse. Since there is a shortage of funding available to meet the high demand for SHA's housing and services, SHA must be careful in managing its limited financial resources. Approving reasonable accommodations, such as for a live-in aide, often comes with an associated cost, which can be significant and can adversely impact SHA's ability to provide affordable housing benefits to the many other needy families.

_____ ("Requestor") is an applicant, resident, or participant of SHA. He/she has informed SHA that he/she is disabled and is requesting the following reasonable accommodation:

Requestor has asked SHA to approve the request, but before SHA can respond, we need to fully understand the request and verify information.

Please answer **EACH OF THE SIX (6)** questions on the following pages. Please use additional pages if necessary. When you are done, please return the complete form to me at the address below:

**Syracuse Housing Authority
Attention: Bailey Gathany
516 Burt St., Syracuse, NY 13202**

To expedite the process, you may also fax the completed form to me at 315-470-4203. If you have any questions, you may call me at: **315-470-4332**. If I have additional questions, I may call you as well. Thank you for your assistance



516 Burt Street / Syracuse, New York 13202 / PH 315.475.6181 / FAX 315-470-4203 / www.syracusehousing.org

We are an equal opportunity housing provider. We do not discriminate on the basis of race, color, national origin, religion, sex, family status or disability. This document is available in an alternate, accessible format upon request. Promovemos la igualdad de oportunidades de acceso a la vivienda. No discriminamos en base a raza, color, nacionalidad, religión, sexo, estado civil o discapacidad. Este documento se encuentra también disponible en un formato accesible a pedido.

Requester Name:
Address:
Date of Birth:

1. How Well Do You Know the Requestor?

Please describe the nature and extent of your knowledge about the Requestor named above and why you are qualified to make the assessments about him or her that this form seeks.

Have you personally provided either medical or other services related to the disability of the Requestor?

- I have NOT personally provided services to the Requestor identified above. *(If you checked this box, there is no need for you to continue with this form. Thank you very kindly for your time).*
- I have personally provided services to the Requestor identified above.

Please identify the latest date that you personally provided either medical or other services to the Requestor:

Please state how long you have provided services, and in what capacity:

2. Assessment of Requestor's Disability.

Not every impairment rises to the level of a "disability." Below is the legal definition of disability which SHA lawfully is required to use in resolving this request. Please read the definition and check one of the boxes below to indicate your professional assessment as to whether or not the person meets the legal definition of a person with a "disability" under the following definition:

A person with a disability includes any person who has a physical or mental impairment that substantially limits one or more major life activities. Important: the term does not include any individual who is an alcoholic or drug abuser whose current use of alcohol or drugs prevents the individual from participating in the program or activity in question, or whose participation, by reason of such current alcohol or drug abuse, would constitute a direct threat to property or the safety of others.

(a) **Physical or mental impairment** includes, but may not be limited to:

(1) **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,



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including speech organs; cardiovascular; reproductive; digestive; genito-urinary; hemic and lymphatic; skin; and endocrine; or

(2) **Any mental or psychological disorder**, such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities. 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, diabetes, mental retardation, emotional illness, drug addiction and alcoholism.

(b) **Major life activities** means functions such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning and working, among other functions.

**YOUR PROFESSIONAL ASSESSMENT OF WHETHER
THE INDIVIDUAL MEETS THE DEFINITION OF “DISABLED”:**

- I do not have enough information or training to make this assessment.
- The Requestor **IS** disabled under this definition. **Please go to Question #3.**
- The Requestor **IS NOT** disabled under this definition. **Please go to Question #4.**

3. If you believe the Requestor meets the definition of “disabled,” please describe how the Requestor’s disability substantially limits one or more major life activities.

4. If the Requestor is **not currently** experiencing an impairment that substantially limits one or more major life activities, does s(h)e have a record of having such an impairment, or have they been “regarded as” disabled in the past?

Yes. Please explain below: **No.** (If you checked “No” there is no need for you to continue with this form. Thank you very kindly for your time).

5. Please describe the relationship between the requested accommodation and the disability:



6. SHA endeavors to use its limited resources to assist as many needy families as possible and is a careful steward. Accordingly, are you aware of any less expensive accommodation/modification than what has been requested that would meet the Requestor’s needs? We appreciate any recommendations

Please Describe: _____

7. Would you be willing to testify in court, if necessary, as to the representations that you have made on this Form? Yes No

If No, Please Explain: _____

**WARNING: FRAUDULENT AND FALSE STATEMENTS
TITLE 18, SECTION 1001 OF THE U.S. CODE**

THERE ARE **FINES AND IMPRISONMENT** (\$250,000/5 YEARS) FOR ANYONE WHO MAKES FALSE, FICTITIOUS, OR FRAUDULENT STATEMENTS OR ENTRIES IN ANY MATTER WITHIN THE JURISDICTION OF THE FEDERAL GOVERNMENT. ANY PERSON WHO KNOWINGLY AND MATERIALLY VIOLATES ANY REQUIRED DISCLOSURE OF INFORMATION, INCLUDING INTENTIONAL NONDISCLOSURE, IS SUBJECT TO A CIVIL MONEY PENALTY NOT TO EXCEED \$10,000 FOR EACH VIOLATION.

AFFIRMATION AND SIGNATURE

I SOLEMNLY AFFIRM under the penalties of perjury that the information that I provided on this Form is true and correct to the best of my knowledge, information, and belief.

Signature

Print Name

Title

Organization

Address City State Zip Code

Telephone Number Fax Number Email Address



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