

## REASONABLE ACCOMMODATION VERIFICATION

---

---

SOUTH SIOUX CITY HOUSING AGENCY

118 E. 21<sup>st</sup> St

South Sioux City, NE 68776

Phone: 402.494.7514 Fax: 402.494.7593

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Tenant/Applicant: \_\_\_\_\_

Dear Sir/Madam:

The above-named person is applying for admission to public housing / assisted housing and has expressed a need for either a unit with the special features, a live-in aide or another type of reasonable accommodations. The applicant/tenant/participant has named you as a person who can verify the need for the features/aide. It would be appreciated if you would review the information provided and verify the applicant/tenant/participant's need for the listed characteristics, if, in your best professional opinion, such is needed. If you have any questions, please call me at 402-494-7514. Your prompt return of this form in the attached self-addressed envelope would expedite processing.

Sincerely,

NAME: \_\_\_\_\_

Signature

Title

Date

---

---

1. Name of family member with special housing need: \_\_\_\_\_

2. Nature of need (s):

Live in Attendant

Application/Reexamination by Mail

Home Visit for Appt.

Verification and explanation of need(s): **DO NOT INCLUDE SPECIFIC MEDICAL INFORMATION**

---

---

3. Name of person providing verification: \_\_\_\_\_

4. Signature: \_\_\_\_\_

5. Name of Agency: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

---

---

I, \_\_\_\_\_, hereby authorize the release of the requested information

Signature: \_\_\_\_\_ Date: \_\_\_\_\_