

VERIFICATION OF NEED FOR UNIT WITH SPECIAL FEATURES

«today»

Property: **«community»**

«reference_name»

Re: «full_name»

«reference_address_line1»

«address_line1»

«reference_address_line2»

«address_line2»

«reference_address_line3»

«city» «state» «zip»

«reference_city» «reference_state» «reference_zip»

SS: «ssn»

The above-named person is applying for admission to public housing and has expressed a need for either a unit with the special features, or a live-in aide. The applicant 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's need for the listed characteristics, if, in your best professional opinion, such is needed. If you have any questions, please call me at «mgmt_local_phone». Your prompt return of this form in the attached stamped, self-addressed envelope would expedite processing.
Sincerely,

«rental_agent»

1. Name of family member with special housing need: «full_name»

2. Nature of need(s):

Special Unit:

- | | |
|------------------------------------------------------|------------------------------------------------------|
| <input type="checkbox"/> A separate bedroom | <input type="checkbox"/> Unit for Vision-Impaired |
| <input type="checkbox"/> A barrier-free apartment | <input type="checkbox"/> Unit for Hearing-Impaired |
| <input type="checkbox"/> One-level unit | <input type="checkbox"/> Bedroom & Bath on 1st floor |
| <input type="checkbox"/> Other modifications to unit | <input type="checkbox"/> Extra Bedroom |

Live In Attendant

3. Verification and explanation of need(s): Please do not provide any information about the nature or extent of the applicant's disability. Simply indicate whether, in your professional judgment, the applicant needs the above feature in an apartment: _____

4. Name of person providing verification _____

Signature : _____ Name of Agency _____

Phone # _____ Agency address _____ Date _____

I, «full_name», hereby authorize the release of the information requested.

Signature _____ Date _____