



### REASONABLE ACCOMMODATION VERIFICATION FORM

The Harrisburg Housing Authority provides reasonable accommodations to our applicants/residents with disabilities who have a verifiable need for the reasonable accommodation. A reasonable accommodation is an exception made to the usual rules or policies that is necessary, because of a disability, for the applicant/resident to be able to use and enjoy an apartment community. The applicant/resident has authorized you to provide the information requested on this form. Please answer the following questions:

Applicant/Resident Name (print): \_\_\_\_\_

Requested Reasonable Accommodation: \_\_\_\_\_

Signature of Applicant/Resident: \_\_\_\_\_

*This signature authorizes the verifier to provide answers to the questions below to the best of his/her knowledge of this applicant/resident.*

1. Is the person disabled? Yes \_\_\_\_\_ or No \_\_\_\_\_ or I Don't Know \_\_\_\_\_

The Fair Housing Act defines disability as a physical or mental impairment that substantially limits one or more major life activities. The Supreme Court has determined that to meet this definition a person must have an impairment that prevents or severely restricts the person from doing activities that are of central importance in most people's daily life.

2. Please describe in what manner this disability restricts the applicant/resident in activities that are of central importance to his or her daily life:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Date of last examination/evaluation: \_\_\_\_\_

4. Does this applicant/resident need the accommodation requested above to be able to live in his/her apartment community?

Yes \_\_\_\_\_ or No \_\_\_\_\_ or I Don't Know \_\_\_\_\_

5. If yes, please describe how this accommodation will enable the applicant/resident to use or enjoy this apartment community.

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If you have any questions regarding the verification form, please contact Catherine Wyatt, 504 Coordinator at 717-257-3957. Thank You.

Name and position of verifier:

Name (Please print): \_\_\_\_\_

Title: \_\_\_\_\_

Signature of Verifier: \_\_\_\_\_ Date: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

**Harrisburg Housing Authority  
Reasonable Accommodation Determination**

Applicant/Resident's Request for Reasonable Accommodation is:

Denied \_\_\_\_\_ Approved \_\_\_\_\_

\_\_\_\_\_  
Catherine E. Wyatt, 504 Coordinator

Reason for Denial:

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