



CERTIFICATION OF NEED FOR REASONABLE ACCOMODATION

Date: _____

Provider: _____

Address: _____

Tenant or Applicant Name: _____

Address: _____

Phone: _____

I have applied for housing and request that you fill out the following certification:

Signed: _____ Date: _____

PLEASE RETURN TO:

Northampton Housing Authority
49 Old South Street
Northampton, MA 01060

Please answer the following questions that are checked so we can determine if the individual listed above has a disability in accordance with the definition below and needs the requested accommodation as a result of his/her disability in order to have an equal opportunity to apply to or enjoy his/her housing or fully participate in a program or service offered by this development. If the first box isn't checked it is because it is obvious to us that the person satisfies the definition of a person with a disability below.

In my opinion, the Applicant or Tenant has a disability as defined below.

YES NO NO KNOWLEDGE

A disability is defined as (a) a physical or mental impairment that substantially limits one or more major life activities; (b) a record of having such impairment; or (c) being regarded as having such an impairment.

If no, or you do not have information to enable you to answer this question please proceed to the signature section.

The applicant and tenant requested the following change to the apartment or common area or to policies, procedures or services.

He/she has asserted that there is a nexus between his/her disability and that the change is needed to enable him/her an equal housing opportunity:





Please check the applicable box:

- I verify in my professional capacity that there is a nexus between this person's disability and the requested accommodation and he/she needs the requested accommodation in order to have an equal opportunity to apply to or enjoy his/her housing or fully participate in a program or service offered by this development.

- I cannot verify** in my professional capacity that there is a nexus between the person's disability and the requested accommodation and that the requested change is necessary for the individual to have equal housing opportunity to apply to or enjoy his/her housing or fully participate in a program or service offered by this development.

VERIFICATION STATEMENT

I certify the information above to be my best professional judgment and knowledge. I swear or affirm that the information in this statement is true and correct.

Signature: _____ Date: _____

Name (type or print): _____ Title/Position: _____

Relationship to Applicant/Tenant: _____

Agency/Business Name: _____

Address: _____

Phone: _____ Email: _____

If you have any questions about filling out this form, please call (413) 584-4030.

Thank you.