Housing Authority of Bergen County
One Bergen County Plaza, 2nd floor
Hackensack, N.J. 07601
PHONE: 201-336-7600
FAX: 201-336-7630
WWW.HABCNJ.ORG

REASONABLE ACCOMODATION REQUEST FORM

Client Information

Client Name: ______________________

Address, City Zip: ______________________

Phone Number: ______________ Other Number: ______________

Date: ______________________

Caseworker: ______________________

Instructions

Write a brief statement regarding your reasonable accommodation request. Be sure to include what you are requesting an accommodation to and the reason. If you require additional space you may attach a separate page. In addition, attach any documentation supporting your request to this request form.

Client Statement

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Signature: ______________________________

Date: ______________________________

Committed to Creating and Preserving Affordable Housing

HOUSING AUTHORITY OF BERGEN COUNTY
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REASONABLE ACCOMMODATION DISABILITY VERIFICATION FORM

Please have a professional competent to render the opinion and knowledgeable about the person's situation complete this form and return at your earliest convenience.

Name of household member with disability: ___________________________________

This verification solely releases information necessary for the Housing Authority of Bergen County to verify the following:

1. That the above-named individual meets the definition of a "qualified individual with a disability", as defined below;
2. A description of the needed reasonable accommodation(s); and,
3. A description of the identifiable relationship between the individual's disability and the requested reasonable accommodation(s).

For purposes of this Release, a "Qualified Individual with a Disability" is defined as a person who has a physical or mental impairment that:

a. Substantially limits one or more major life activities
b. Has a record of such an impairment
c. Is regarded as having an impairment

"A Physical or Mental Impairment" is defined as:

1. Any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the body systems including, but not limited to: neurological, musculoskeletal, special sense organs, respiratory, and speech organs; 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 visual, speech and hearing impairments, epilepsy, multiple sclerosis, cancer, etc.

"Major Life Activities" include functions such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working.

"Has a Record of Such an Impairment (mental or physical)" means has a history of, or has been misclassified as having, a mental or physical impairment that substantially limits one or more major life activities.

"Is Regarded As Having an Impairment" means:

1. Has a physical or mental impairment that does not substantially limit one or more major life activities, but is treated by a recipient as constituting such a limitation.
2. Has a physical or mental impairment that substantially limits one or more major life activities only as a result of the attitudes of others toward the impairment.
3. Has none of the impairments defined by Section 504's definition of "physical or mental impairment, but is treated by a recipient as having such an impairment.

I, ___________________________________ [Insert name of health care provider or other appropriate documenting authority], certify that I am a professional competent to render the opinion and knowledgeable about the person's situation. Furthermore I certify that the person listed above does meet the definition of a "Qualified Individual with a Disability", as defined above.

____
Name of health care provider or other documenting authority

____
Signature

____
Date

PLEASE PROVIDE THE FOLLOWING INFORMATION:

1. A description of the needed reasonable accommodation(s); and,
2. A description of the identifiable relationship between the individual's disability and the requested reasonable accommodation(s).