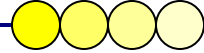




Lake County Housing Authority
33928 North U.S. Highway 45
Grayslake, IL 60030



Consent for Verification of Need for Reasonable Accommodation/Modification

Date: _____

Name: _____

Address: _____

Please be aware of the following while completing this request:

- **Do not** send us the medical records of the individual requesting your certification
- **Do not** include any details which disclose the nature or severity of the individual's disability.

This information is not necessary to verify the needed requested adjustment.

1. The following member of my household has a disability and requires a reasonable accommodation.

Name

Relationship or association with you

2. As a result of this disability, I am requesting the following reasonable accommodation:

(Please check one or more items below.)

A change in the following rule, policy, or procedure (Note: a change in how to meet the terms of the lease may be requested, but fundamental obligations must be met.).

Please specify:

Other (for example, a full-time live-in aide, need for extra bedroom, or a change in the way LCHA communicates with you). Please specify:

3. This request for reasonable accommodation is necessary so that I can: (Please specify)

4. I authorize the housing agency to verify that I have a disability and have the need for the reasonable accommodation I have requested. In order to verify this information the housing authority may contact the following physician, psychiatrist, licensed psychologist, licensed nurse practitioner, licensed social worker, rehabilitation professional, non-medical service agency whose function is to provide services to the disabled, or other expert in the field of

Name of expert/professional: _____ Phone: _____

Title: _____ Agency/Facility/Institution: _____

Street Address: _____ City/State/Zip: _____

FRAUD AND FALSE STATEMENTS

WARNING: Title 18, Section 1001 of the U.S. Code states that a person who knowingly and willingly makes false and fraudulent statements to any department or agency of the United States as to any matter within its jurisdiction, punishable by fine not to exceed \$250,000 and/or imprisonment of not more than 5 years

I understand that the information obtained by the housing agency will be kept completely confidential and used solely to make a determination on my reasonable accommodation request.

Signature of Head of Household or Authorized Representative

Date

*If on behalf of a minor child, please indicate whether you are the parent or guardian. Where the individual with the disability is over 18 and is not the head of the household, he or she should sign the authorization for verification.

Please return this form in the self-addressed stamped envelope provided to:

**Lake County Housing Authority
Attn: Reasonable Accommodations
33928 North U.S. Highway 45
Grayslake, IL 60030**