Verification of Disability for Reasonable Accommodation

Re: Your name

Your birthdate

Your address

Your telephone number

To Whom It May Concern:

has a disability defined as a mental or physical impairment that

Your name

substantially limits one or more major life activities. Major life activities include, but are not limited to, caring for oneself, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning and working.

’s physical or mental impairment(s) substantially limit them in the following major life activities:

□ caring for oneself

□ performing manual tasks

□ lifting objects heavier than

□ walking

□ running

□ seeing

□ hearing

□ speaking

□ breathing

□ learning

□ relating to others

□ sleeping

□ thinking

□ reading

□ writing

□ understanding

□ planning

□ managing stress

□ working

□ other:

In my opinion, allowing to

Your name

accommodation you need

will help them with their disability and allow them an equal chance to use and enjoy their housing as others who don’t have disabilities have.

Sincerely,

Doctor, Nurse, Therapist, Other professional