

## CITY OF GARDEN GROVE HOUSING AUTHORITY

## **REASONABLE ACCOMMODATION VERIFICATION**

Person red	questing the accommodation:	:	
Date of Bi	irth:		
Address:			
Requested Accommodation:			
I authoriz	e the release of the informati	on requested.	
Signature		Date	
то ве с	COMPLETED BY A LICENSE	D MEDICAL OR MENTAL HEALTH PRACTITIONER	
(if appare		nmodation, the above-named person must certify t) that they are a person with a disability under the ct definition.	
Is the abo	ove-named person a "person v	with a disability" using the definition below?	
	<ul> <li>A physical or mental im major life activities of an</li> <li>A record of such impairm</li> <li>Being regarded as having</li> </ul>	nent; or	
	Circle YES or NO	If you answered "YES":	
must be	an identifiable relationship	ested reasonable accommodation is necessary. There be between the requested accommodation and the elow and attach an additional page if necessary.)	
Examples:	terms would be: Due to his/her unit.	The person indicated a need for a live-in aide. An explanation in lay terms would be: The person	
Above in	cannot perform basic self-care, formation is completed by	, and needs assistance walking, bathing, and feeding him/herself.	
Name		Signature of Authorized Representative	
Health Provider Address		Print Name and Title/Department	
Date		Telephone No.	

## Please mail information to:

## GARDEN GROVE HOUSING AUTHORITY, P.O. BOX 3070, GARDEN GROVE, CA 92842

**WARNING:** Title 18, Section 1001 of the United States Code, states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department or agency of the United States. Making false statements is a felony under California State Law (Penal Code Sections: 115, 118, 487 and 532) and may result in criminal charges including Perjury, Grand Theft, Filing False Documents with a Public Office and Obtaining Money Under False Pretenses."