



GEM Management, LLC

Reasonable Accommodation/Modification Verification

Dear Verifier,

_____ Apartments is required by state and federal laws to make reasonable accommodations to rules, policies, practices, services and modifications to apartment home interiors, exteriors or common areas **that is necessary because of disability** so as to have an equal opportunity to use and enjoy the apartment community.

Below is a release by: _____ (Print Requester’s Name) asking you to verify his/her disability and certify the need for this reasonable accommodation and/or modification.

I have requested the accommodation/modification: _____

Signature of Resident/Applicant: _____ Date: _____

Certification:

By signing this verification form the individual identified above has authorized verifier to indicate on this form whether you believe this individual has a disability and whether the accommodation/modification requested is necessary and will achieve the purpose.

“Disability” as defined by Fair Housing Act:

- A physical or mental impairment which substantially limits one or more of the person’s major life activities, and/or
- A record of having a physical or mental impairment which substantially limits one or more of the person’s major life activities, and/or
- Being regarded as having a physical or mental impairment, which substantially limits one or more of the person’s major life activities.

I also realize that under this definition, a major life activity includes, but is not limited to: caring for one’s self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and/or working. Understanding this, I affirm that the above-named patient has a disability, which meets this legal definition. Furthermore, I would be willing to testify under oath that because of the above-named patient’s disability, the reasonable accommodation or modification described below is necessary and will affirmatively enhance the above-named patient’s quality of life by amelioration the effects of their disability:

1. Is this resident/applicant disabled? Yes No

GEM Management, LLC is an equal opportunity provider and employer.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at http://www.ascr.usda.gov/complaint_filing_cust.html and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the form, call (866) 632-9992. Submit your completed form or letter to USDA by mail to: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov



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- 2. Do you believe the accommodation/modification is necessary and will achieve the stated purpose? Yes No Cannot Verify
- 3. Describe in what manner this disability substantially limits one or more of the Resident's/Applicant's major life activities (do not discuss the person's diagnosis or any other information that is not directly relevant to request or specific nature or severity of disability.)

- 4. Please describe how this accommodation/modification will enable the Resident/Applicant to use and/or enjoy this housing.

- 5. How are you familiar with the individual's disability and is there any other information that would be helpful in making the making the right reasonable accommodation/modification for this individual.

Signature of Verifier

Date: _____

Printed Name Verifier

Professional Title

Phone: _____ Address: _____

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