Baltimore County Office of Housing (BCOH) provides reasonable accommodations to individuals with disabilities who have a disability related need for the accommodation. A reasonable accommodation is an exception made to the usual rules or policies that may be necessary because of a disability for the participant. Examples may include: receiving information in Braille or electronically; providing interpreter services; modifying a housing unit (e.g. grab bars, raised toilet); transferring to another unit; live-in aide.

The individual identified below has authorized you to provide verification in support of their request. Please complete the information in Part B below. Thank you for your assistance in completing this form.

The information obtained will be kept confidential and used solely by BCOH to determine the need for an accommodation.

**Part A.** Name of Participant (print): _________________________________________________

Please describe your request for Reasonable Accommodation below:
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Signature of Participant: __________________________________________________________

This signature authorizes the verifier to provide answers to the questions below to the best of his/her knowledge.

**Part B.** 1. In my opinion, the individual has a disability as defined below. [ ] YES [ ] NO
   A) ___ A physical or mental impairment that substantially limits one or more major life activities;
   B) ___ A record of having such an impairment, or;
   C) ___ Is regarded as having such an impairment.

   2. I verify that this request is directly related to the individual’s disability and may be necessary to access housing services, maintain housing or fully use or enjoy their housing. I recommend that the request for accommodation as described above be approved. [ ] YES [ ] NO

   3. Describe how this accommodation will enable the individual to have the opportunity to access housing, maintain housing or fully use/enjoy housing.
______________________________________________________________________________
______________________________________________________________________________

___________________________________              ____________________________________
Name & Position of Verifier (Please Print)                Date

_____________________________________           ____________________________________
Signature of Verifier                                                   Telephone Number
______________________________________________________________________________

Address