



400 U.S HIGHWAY # 1, (MARION GARDENS),  
JERSEY CITY, NEW JERSEY 07306  
TEL: (201) 706-4600 FAX: 201-547-6643  
HEARING IMPAIRED RELAY SERVICE "711"  
WWW.JERSEYCITYHA.ORG

**VERIFICATION OF NEED FOR REASONABLE ACCOMMODATION**

***Please do not send or attach medical records***

Individual Requesting Accommodation \_\_\_\_\_ DOB \_\_\_\_\_  
Name of Head of Household: \_\_\_\_\_

Verification must be provided by a professional who is knowledgeable about the individual's situation and competent to render a professional opinion. Such verification may be from a physician, other medical or non-medical service agency professional, or other knowledgeable professional.

Dear Knowledgeable Professional:

**Please read this form completely – the information provided here is very important.** The individual listed above has identified him or herself as having a disability under the Fair Housing Act and has asked for an accommodation from the Jersey City Housing Authority (JCHA) to meet housing-related needs necessary in order to remove, alleviate, or mitigate barriers to their housing or housing programs due to their disability-related limitations.

You have been authorized to release information to us regarding the individual's need for an accommodation. That authorization is attached.

The JCHA grants reasonable accommodation requests based in part on verification of need from a qualified professional who has direct experience with an individual's disability, which could include but not be limited to:

- Verification that the person is a qualifying person with disabilities.
- Verification that there is a direct relationship between the nature of the person's disabilities and the accommodation requested.
- Verification that the accommodation is necessary for the person to have equal opportunity to use and enjoy their unit under the housing program, or to equally participate in or access the JCHA's programs and services.

Please complete and return this form to the JCHA. You are welcome to attach additional information or letters (**confidential medical records or any confidential medical information disclosing nature or extent of the disability will not be accepted**), but please note that the JCHA's approval of accommodation requests depends upon verification of the specific standards provided in this form.

If you are not able to verify the information requested in this form, the JCHA will notify the family and they may request verification from another professional or licensed practitioner.

If you have any questions, or would like further information, please feel free to contact Luz Santana, 504 Coordinator, at 201-706-4630 or lsantana@jcha.us.

**JERSEY CITY HOUSING AUTHORITY**  
**VERIFICATION OF NEED FOR ACCOMMODATION**

**Section I – Verification of Disability**

- It is NOT necessary for you to fill out this Section. Please proceed to Section II.
- Please complete this Section before proceeding to Section II.

An “individual with a disability” is any person who has a physical, mental or emotional impairment that limits one or more life activities, such as caring for one’s self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working.

The term “physical or mental impairment” includes, but is not limited to, such diseases and conditions as orthopedic, visual, speech and hearing impairments, cerebral palsy, autism, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, mental illness, developmental disabilities, emotional illness, drug addiction and alcoholism. The definition of an “individual with a disability” does *not* include a person whose current use of alcohol or drugs is the barrier that prevents the person from participating in JCHA’s housing program and services. (A more detailed definition is provided in the Code of Federal Regulations at 24 CFR 8.3, which JCHA staff would be glad to provide to you.)

Does the person named above qualify as an “individual with a disability,” according to this definition?

Yes       No       Unable to verify      Initials \_\_\_\_\_

**Section II – Verification of Need for Accommodation**

***Please do not include medical records***

I am knowledgeable about this individual's situation.

Yes     No

- The household member **needs a live-in aide**. A daily in-home worker, housekeeper, or aide(s) on rotating shifts are not equally effective because: (attach additional paper if needed).

How long is the need for a live-in aide?

From: \_\_\_\_\_ to \_\_\_\_\_

- The household member **needs a change in a policy or procedure as a direct result of his/her disability** in order to be afforded an equal housing opportunity. Please explain how the accommodation would alleviate or remove a disability-related limitation. Again, please do not disclose confidential medical information about the nature or extent of the disability. You may use additional paper if needed.

- The household member needs an extra bedroom for medical equipment. Indicate the floor space in square footage of the medical equipment: \_\_\_\_\_. All living and sleeping rooms in the current unit are not sufficient to meet the disability-related need because (please indicate):

- Other.** The household member needs **the following accommodation**. Please explain. Attach additional paper if needed.

**Section III – Verification of Need for Accommodation**  
**JCHA-Owned/Managed Housing Only**

**Special Unit Features Due to Disability**

**IMPORTANT:** Please fill out this section if the disabled household member needs a unit, facilities and/or common area with specific features due to his or her disability.

*The following information is requested solely for the purposes of identifying the unit (size, type, and design) that most appropriately meets the needs of the household member with a disability. The JCHA will make every effort to make the appropriate modifications or identify an appropriate unit based on your professional opinion and assessment.*

**Please check only those accommodations that are necessary due to limitations posed by the disability.**

**In my professional opinion and assessment of the household member's disability-related needs, I certify that:**

- The household member needs a **wheelchair-accessible unit**.
- The household member needs features to accommodate a vision and/or hearing impairment, specifically: \_\_\_\_\_
- The household member **DOES NOT** need a wheelchair-accessible unit but needs a unit or common area with certain physical features. The features required are checked off below with an explanation given on the following page.
  - A maximum number of stairs to reach the unit: \_\_\_\_\_
  - A maximum distance to walk between the unit and nearest elevator: \_\_\_\_\_
  - A first floor unit or a unit located in an elevator-equipped building is required.
  - Single level unit     Tub grab bars     Toilet grab bars     Handheld shower
  - Shower seat     Space for medical equipment
- Other change of unit.** The household member requires a unit in a specific or alternative location due to a disability. *Please explain and provide details as to why the accommodation(s) is necessary as a result of the limitations posed by the disability in order to enjoy an equal housing opportunity.*

- The household member **needs an assistance animal**. Please explain how the accommodation would alleviate or remove a disability-related limitation. Attach additional paper if needed.

**Jersey City Housing Authority  
CERTIFICATION**

Print name: \_\_\_\_\_

Title: \_\_\_\_\_ License #, if applicable:: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Date: \_\_\_\_\_

Email: \_\_\_\_\_

Signature: \_\_\_\_\_

**Please return this form completely filled out as indicated, in sealed envelope, marked CONFIDENTIAL to:**

Jersey City Housing Authority  
ATTN: Luz Santana, 504 Coordinator  
400 US Highway #1  
Jersey City, NJ 07306

**Or you may fax to 201-547-6643 or email to lsantana@jcha.us**

**Please return to JCHA by: \_\_\_\_\_**