

Healthcare provider's Verification Letter (Please print on agency/clinic letterhead):

(Part I)

Date: _____

To Whom It May Concern/ Housing Provider:

I have been _____ Patient name _____'s _____ doc, nurse, therapist... etc for
_____ Period of time _____. I am aware that the Fair Housing Act and Section 504 of the
Rehabilitation Act define disability as:

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

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.

I affirm that _____ Name of patient _____ has a disability which meets this legal definition.

(Part II)

_____ Patient name _____ has disabilities that REQUIRE _____ **X*** _____

It is imperative that _____ Patient name _____ be granted _____ **X*** _____

as quickly as possible otherwise, _____ Patient name _____'s disabilities will be exacerbated and continue to worsen.

Sincerely,
Doctor, Therapist, Social Worker, Independent Living Specialist

Examples of X*: a lease release, a reserved parking space, a tenancy extension of 30-60 days, an assistance animal, a release of lease without penalty, a transfer of units, etc.)