

## Live-In Aide Request Verification

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

To: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Dear Madam or Sir:

The Fair Housing Amendments Act of 1988 requires landlords to make Reasonable Accommodations in its rules, policies, practices, and procedures (which may include structural modifications) for a disabled person if such accommodations are necessary to afford the person an equal opportunity to access, use and enjoy the dwelling unit.

**Under the Fair Housing Act, a “disability” is a physical or mental impairment that substantially limits one or more of a person’s major life activities, a record of having such impairment, or being regarded as having such an impairment.**

\_\_\_\_\_ has applied for a Reasonable Accommodation by requesting a live-in aide.

Please do not include information as to the name, nature or severity of the disability involved.

Sincerely,

\_\_\_\_\_  
On-Site Manager

**Reply:**

In your professional opinion,

1) Does this resident/applicant have a disability, as defined by the Fair Housing Act?

Yes \_\_\_\_\_ No \_\_\_\_\_

2) If the resident/applicant is disabled, is it necessary for this individual to obtain the full time services of a live-in aide to be able to access, use and enjoy the dwelling unit? **\*\*Please be aware that it is not adequate to state that the resident will merely “benefit” from the services of the live-in aide. The services provided by the aide must be necessary.\*\***

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, what personal assistive services does the individual need? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Name & Title of Person Supplying Information

\_\_\_\_\_  
Date