Federal regulations under the Fair Housing Amendments Act of 1988, Section 504 of the Rehabilitation Act of 1973, and the Americans with Disabilities Act, define “disability” as:

1. a physical or mental impairment that substantially limits one or more major life activities;

2. a record of such an impairment; and/or

3. being regarded as having such an impairment.

A “physical or mental impairment” may include, but is not limited to:

1. any physiological disorder or condition;

2. any mental or psychological disorder, such as cognitive delays, organic brain syndrome, emotional or mental illness, and/or learning disabilities.

3. drug addiction (other than addiction caused by current, illegal use of a controlled substance)

4. alcoholism;

4. cosmetic disfigurement and/or;

5. anatomical loss affecting one or more of the following body systems: neurological, musculoskeletal, special sense organs, respiratory, speech organs, cardiovascular, reproductive, digestive, genito-urinary, hemic and lymphatic, skin, and endocrine.

**As an individual with the knowledge necessary to make a determination, I certify that
[name:] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
has a physical or impairment that substantially limits one or more of the following major life activities
(check all that apply):**

* The operation of a major bodily function, including functions of the immune system, special sense organs and skin; normal cell growth; and digestive, genitourinary, bowel, bladder, neurological, brain, respiratory, circulatory, cardiovascular, endocrine, hemic, lymphatic, musculoskeletal, and reproductive functions [Note: the operation of a major bodily function includes the operation of an individual organ within a body system].
* Caring for oneself
* Performing manual tasks
* Seeing
* Hearing
* Eating
* Sleeping
* Walking
* Standing
* Sitting
* Reaching
* Lifting
* Bending
* Speaking
* Breathing
* Learning
* Reading
* Concentrating
* Thinking
* Communicating
* Interacting with others
* Working

|  |
| --- |
| Other:  |
|  |
|  |

**As an individual with the knowledge necessary to make a determination, I certify that the following accommodation and/ or modification is consistent with the needs associated with his/her disability and will enhance his/her ability to live independently and to fully use and enjoyment of his/her dwelling.**

|  |
| --- |
| Accommodation/Modification: |
|  |
|  |
|  |

**Provider Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Provider Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date**

**[Provider Address]: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**