

Verification of Status as a Person with a Disability

(to be completed by a Medical or Social Service Professional or other third party)

To: _____

Re: _____

(Name of Tenant or Applicant)

Address: _____

The tenant or applicant for tenancy listed above has sought the reasonable accommodation described in the attached request. State and federal laws require housing providers to make reasonable accommodations in rules, policies, practices or services when the changes are not unduly burdensome and may be necessary to afford a person with a disability with the equal opportunity to use and enjoy a dwelling.

The Fair Housing Amendments Act and the Americans with Disabilities Act define disability as:

- A physical or mental impairment that substantially limits a major life activity; or
- A record of such an impairment; or
- Being regarded as having such an impairment.

A physical or mental impairment includes:

- Any physiological disorder or condition; or
- Cosmetic disfigurement; or
- Anatomical loss affecting one or more of the following body systems:
neurological, musculoskeletal, special sense organs, respiratory, speech organ,
cardiovascular, reproductive, digestive, genito-urinary, hemic, and lymphatic
skin, and endocrine; or
- Any mental or psychological disorder such as cognitive delays, organic brain
syndrome, emotional or mental illness and/or learning disabilities.

****Drug addiction (other than addiction caused by current illegal use of a controlled substance) and alcoholism (other than caused by current use) are covered by these provisions as are cancer, heart disease, HIV, AIDS and temporary disabilities such as broken limbs or pregnancy.**

The Medical or Social Service Professional or other person certifying the disability and need for reasonable accommodation IS NOT required to reveal the specific nature and/or severity of the individual's disability.

As a medical/social service professional or other third party with the knowledge necessary to make a determination, I am able to advise that

Name of Patient/Client

Qualifies as an individual with a disability as defined above and that the following reasonable accommodation is consistent with the needs associated with his/her disability:

Reasonable Accommodation:

Signature of Certifying Person

Date

Print Name of Certifying Person

Title

Please feel free to contact me at the following telephone number if you have any questions:

Mangold Property Management, Inc.

BRE License #10226102

575 Calle Principal, Monterey, CA 93940

(831) 372-1338

