

Verification of Disability for Reasonable Accommodation

Re: \_\_\_\_\_ Your name

\_\_\_\_\_ Your birthdate

\_\_\_\_\_ Your address

\_\_\_\_\_ Your telephone number

To Whom It May Concern:

\_\_\_\_\_ has a disability defined as a mental or physical impairment that  
Your name

substantially limits one or more major life activities. Major life activities include, but are not limited to, caring for oneself, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning and working.

\_\_\_\_\_’s physical or mental impairment(s) substantially limit them in the following major life activities:

- |   |   |
|---|---|
| <input type="checkbox"/> caring for oneself                 | <input type="checkbox"/> relating to others |
| <input type="checkbox"/> performing manual tasks            | <input type="checkbox"/> sleeping           |
| <input type="checkbox"/> lifting objects heavier than _____ | <input type="checkbox"/> thinking           |
| <input type="checkbox"/> walking                            | <input type="checkbox"/> reading            |
| <input type="checkbox"/> running                            | <input type="checkbox"/> writing            |
| <input type="checkbox"/> seeing                             | <input type="checkbox"/> understanding      |
| <input type="checkbox"/> hearing                            | <input type="checkbox"/> planning           |
| <input type="checkbox"/> speaking                           | <input type="checkbox"/> managing stress    |
| <input type="checkbox"/> breathing                          | <input type="checkbox"/> working            |
| <input type="checkbox"/> learning                           |   |
| <input type="checkbox"/> other:                             |   |

In my opinion, allowing \_\_\_\_\_ to  
Your name

\_\_\_\_\_ accommodation you need

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will help them with their disability and allow them an equal chance to use and enjoy their housing as others who don't have disabilities have.

Sincerely,

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Doctor, Nurse, Therapist, Other professional