



McHenry County Housing Authority

1108 N. Seminary, P.O. Box 1109 Woodstock, Illinois 60098
Phone and TDD: 815/338-7752 Fax: 815/338-1217

THIS FORM MUST BE COMPLETED BY A QUALIFIED MEDICAL, REHABILITATION, OR OTHER NON-MEDICAL SERVICE AGENCY PROFESSIONAL WHOSE FUNCTION IS TO PROVIDE SERVICES TO PERSONS WITH DISABILITIES AND MAY VERIFY YOUR HOUSEHOLD MEMBER'S NEED FOR A REASONABLE ACCOMMODATION.

CERTIFICATION OF NEED FOR REASONABLE ACCOMMODATION HOUSING CHOICE VOUCHER (SECTION 8)

Please be sure to answer all applicable questions on this form.

Head of Household: _____ TDD/Phone: _____

Household Member who needs an accommodation: _____

Address: _____ State/Zip: _____

The above Household Member is applying for a reasonable accommodation at the McHenry County Housing Authority and is requesting that you, as his/her provider, fill out the following certification. Enclosed is a copy of the *Request for Reasonable Accommodation* form with a signed authorization for release of information.

Please check only those that apply:

1. In my professional opinion and assessment:

- The Household Member has a disability** based on one or both of the following legal definitions: (please check each that applies):
 - He/she has a physical or mental impairment that limits one or more major life activities; or
 - He/she has a record of having such an impairment.
- The Household Member requesting the accommodation(s) does NOT have a disability.**



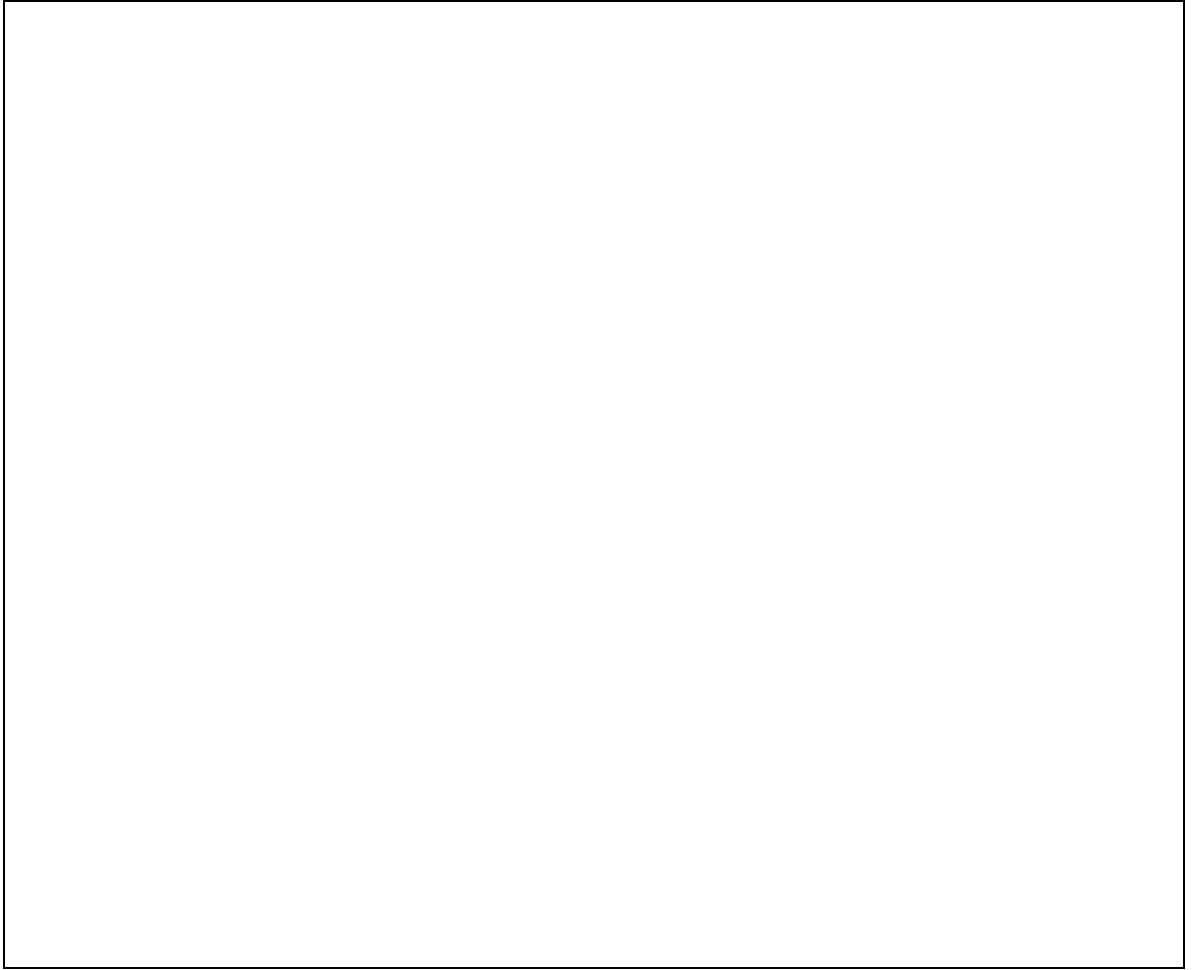
CHANGES TO RULES/POLICIES DUE TO DISABILITY

- The Household Member **needs a change in a policy or procedure as a direct result of his/her disability** in order to enjoy an equal housing opportunity. Please use the space below to explain what accommodation(s) the disabled Household Member needs, the length for which it will be needed, and why it is required. Use additional paper if needed.

- A live-in aide is necessary to afford the Household Member equal use and enjoyment of the dwelling unit.

Please answer the following question.

A daily in-home worker, or rotating shifts, are not equally effective as a reasonable accommodation because:



Use the space above and additional paper if needed.

CERTIFICATION

Based on your professional opinion and assessment of needs, please **check only one** of the following:

- I certify** that the enclosed request for changes to the unit or common area or to rules, policies and procedures is necessary for the disabled Household Member, as a result of his/her disability in order to have an equal housing opportunity.

OR

- I cannot certify** that the enclosed request is necessary for the disabled Household Member, as a result of his/her disability in order to have an equal housing opportunity.

Please certify below:

- This certification is true and accurate, to the best of my professional judgment, and may be used in an administrative hearing or court of law.

FRAUD AND FALSE STATEMENTS

Title 18, Section 1001 of the U.S. Code states that a person who knowingly and willingly makes false and fraudulent statements to any department of the United States Government, including the Department of Housing and Urban Development (HUD), a public housing authority (PHA), and any owner (or employee of HUD, the PHA, or the owner) may be subject to penalties that include fines and/or imprisonment.

Professional's Signature

Date

Name (Please print clearly)

Title of medical or rehabilitation professional or expert

Agency or Clinic, if applicable

Complete Address

(_____) _____ (_____) _____
Phone Fax Email

Please return form to: McHenry County Housing Authority

ATTN: _____ (*Housing Specialist*)

Address: P.O. Box 1109, Woodstock, IL 60098

Phone: 815-338-7752

Fax: 815-338-1217

EMAIL: _____