

# Professional Property Services

(Attachment #1)

**SUBJECT: PRELIMINARY REQUEST FOR REASONABLE MODIFICATIONS/ACCOMODATIONS**

DATE: \_\_\_\_\_ RESIDENT NAME: \_\_\_\_\_

COMMUNITY: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

AREA TO BE MODIFIED: \_\_\_\_\_ CITY, STATE, ZIP: \_\_\_\_\_

I hereby request the following modification of:  Existing premises  Administrative policies

Describe:

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I understand that this is a preliminary request and that the Community will respond to this request in writing within forty-five days.

I further understand that management will make every effort to fulfill my request; however, if the request is deemed to create an undue financial or administrative burden, or result in a fundamental alteration in the nature of the program, I understand that my request may be denied or I may be responsible for payment of the accommodation/modification.

Signature of Resident/Applicant: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Phone: \_\_\_\_\_

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Approved

Denied

If approved, responsible party for payment of modification(s): \_\_\_\_\_

Comments:

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Property Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

504 Coordinator: \_\_\_\_\_ Date: \_\_\_\_\_



**Professional Property Services**  
(Attachment 2)

**SUBJECT: MODIFICATION/ACCOMODATION VERIFICATION**

Date \_\_\_\_\_

<b>TO:</b> _____ _____ _____ _____	<b>RETURN TO:</b> Property Name _____ Property Address _____ Property City, State, Zip _____ Phone: _____ Fax: _____ Attn: _____
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**APPLICANT/RESIDENT:** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_ **UNIT#:** \_\_\_\_\_  
**CITY, STATE, ZIP** \_\_\_\_\_  
**S.S. NUMBER:** \_\_\_\_\_  
**CASE/I.D. NUMBER:** \_\_\_\_\_

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This person has applied for housing assistance under a program of the *U.S. Department of Housing and Urban Development (HUD)*. HUD requires the housing owner to verify all information that is used in determining the person's eligibility or level of benefits.

We ask your cooperation in providing the following information and returning it to the person listed at the top of the page. Your prompt return of this information will help assure timely processing of the application for assistance. Enclosed is a self-addressed, stamped envelope for this purpose. The applicant/resident has consented to this release of information as shown below.

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**APPLICANT/RESIDENT**

YOU DO NOT HAVE TO SIGN THIS FORM IF EITHER THE REQUESTING ORGANIZATION OR THE ORGANIZATION SUPPLYING THE INFORMATION IS BLANK.

**RELEASE:** I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is no older than 12 months. There are circumstances which would require the owner to verify information that is up to 5 years old, which would be authorized by me on a separate consent attached to a copy of this consent.

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

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(OVER)



**HEALTH CARE PROVIDER VERIFICATION STATEMENT**

*I provide health care to the above named applicant/resident and certify the following:*

- \_\_\_\_\_ 1. The person whose signature appears on this form is disabled as defined on the attached sheet.
- \_\_\_\_\_ 2. The person whose signature appears on this form requires the following change(s) in policies, structural modification or apartment features:

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\_\_\_\_\_  
Name and Title of person supplying the information

\_\_\_\_\_  
Firm/Organization

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**PENALTIES FOR MISUSING THIS CONSENT:**

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statement to any department of the United States Government. HUD, the PHA and any owner (or any employee of HUD, the PHA or the owner) may be subject to penalties for unauthorized disclosure or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purpose cited above. Any person, who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the PHA or the owner responsible for the unauthorized disclosure or improper use.

*The Cooperative does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in its federally assisted programs and activities. The occupancy manager has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24CFR part 8 dated June 2, 1988).*

