



COBER PROPERTIES

Trusted Provider of Apartments & Rental Homes

112 S Main St. Urbana, OH 43078 ☉ 406.412.4447 ☉ www.CoberProperties.com

VERIFICATION FORM FOR REASONABLE ACCOMMODATION / MODIFICATION

PAGE 2 TO BE SENT BY COBER PROPERTIES AND COMPLETED BY PHYSICIAN / HEALTHCARE PROVIDER

Dear Physician / Healthcare Provider, Please find enclosed a form signed by _____ [tenant's name] asking you to verify his or her disability and the need for a reasonable accommodation / modification.

Please indicate below whether you believe that this individual has a disability (as defined in the question) and whether the accommodation requested is necessary and will achieve its purpose. This form should not be used to discuss the individual's diagnosis or any other information that is not directly relevant to the request for an accommodation.

This form must be submitted by the provider directly to Cober Properties via one of the methods listed below. If you have any questions, please feel free to call us at 406-412-4447. Thank you very much for your assistance.

The Fair Housing Act defines a person with a disability to include

- (1) individuals with a physical or mental impairment that substantially limits one or more major life activities;
- (2) individuals who are regarded as having such an impairment; and
- (3) individuals with a record of such an impairment.

- The term "physical or mental impairment" includes, but is not limited to, such diseases and conditions as orthopedic, visual, speech and hearing impairments, cerebral palsy, autism, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, Human Immunodeficiency Virus infection, mental retardation, emotional illness, drug addiction (other than addiction caused by current, illegal use of a controlled substance) and alcoholism.
- The term "substantially limits" means that the limitation is "significant" or "to a large degree."
- The term "major life activity" means those activities that are of central importance to daily life, such as seeing, hearing, walking, breathing, performing manual tasks, caring for one's self, learning, and speaking.

Does the individual meet this definition of having a physical or mental impairment that limits a major life activity?

Yes No

Do you believe the accommodation is necessary and will achieve its stated purpose?

Yes No Cannot Verify

Please explain the nexus (relationship) between the person's disability and the need for the requested accommodation or modification, as it relates to allowing the individual to use and enjoy their home.

If, in your professional opinion, there is no relationship, please check here

Signature: _____ Date: _____

Title of Physician or Professional _____

To submit this verification, email to CoberProperties.Office@gmail.com or mail to 112 S. Main St. Urbana, OH 43078