

VERIFICATION OF DISABILITY

THIS VERIFICATION OF DISABILITY, is submitted on _____ (“Effective Date”) in accordance with a lease (“Lease”) ratified on _____ between _____ (“Landlord”) to _____ (“Tenant/Applicant”) for the lease of Premises: _____

Premises shall be shown and made available without regard to race, color, religion, sex, handicap, familial status or national origin as well as all classes protected by the laws of the United States, the Commonwealth of Virginia and applicable local jurisdictions, and/or by the REALTOR® Code of Ethics.

Instructions: If the requester’s disability is not readily apparent, and/or if the disability-related need for the requested accommodation is not readily apparent, this form must be fully completed by Tenant and Verifier. Once completed, Tenant/Applicant must submit this form to Landlord with Tenant/Applicant’s Request for Reasonable Accommodation (Rules or Policy) and/or Reasonable Modification Addendum (Physical Structures).

The following information to be completed by Tenant/Applicant:

Name of Tenant: _____

Name of person with disability, and relationship to Tenant: _____ (the “Requester”).

Describe in detail the requested reasonable accommodation or modification: _____

TENANT:

Date Signature

THIS IS A TWO PAGE FORM

BOTH PAGES MUST BE COMPLETED BY THE VERIFIER

The remainder of this form must be completed by a Verifier who has a therapeutic relationship with the Requester, which requires the provision of medical care, program care, or personal care services in good faith, to the Requester*, to verify the Requester's disability:

Verifier Name: _____ Title: _____

Firm Name or Practice Group: _____ Phone: _____

Address: _____

Describe the nature of your therapeutic relationship with the Requester: _____

Are you providing this Verification via on-line or telemedicine? YES OR NO

If you answered "Yes" to this question, you must be validly licensed in both your home state, as well in the state where you provided medical services to the Requester (usually VA), in accordance with applicable VA Board of Medicine guidance. Please complete the following:

State of License: _____ License Number: _____

State of License where Services Provided: _____ License Number: _____

****Please note that it is unlawful in Virginia to practice a profession or occupation without holding a valid license as required by applicable law, pursuant to Virginia Code Section 54.1-111.***

Does the Requester have a physical or mental impairment that substantially limits one or more major life activities, have a record of such an impairment, or is the Requester regarded as having such an impairment? YES OR NO

Fair housing guidance requires that the Requester be able to show the relationship between their disability and the disability-related need for the requested accommodation or modification. Please describe how the request described above is related to and will help ameliorate the effects of the Requester's disability: _____

For reasonable accommodation requests for assistance animals, please complete the information below. If this request is for more than one assistance animal, please attach additional sheet(s) answering this question for each animal:

Name of requested animal: _____

Type/Breed of requested animal: _____

Will the animal work, provide assistance, or perform services for Requester? YES **OR** NO

Will the requested animal provide emotional support that alleviates one or more of the identified symptoms or effects of Requester's disability? YES **OR** NO

If "Yes" was answered to either question above, please provide specific details: _____

By my signature to this form below, I recognize and acknowledge that the information provided herein will be used and relied upon to evaluate the request for a reasonable accommodation or modification by Tenant's Landlord and/or designated representative(s).

Verifier Signature

Date

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