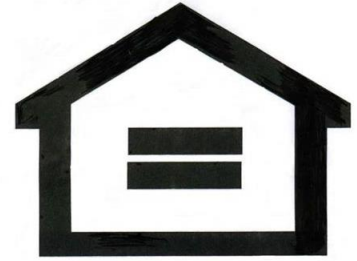




REASONABLE ACCOMMODATION REQUEST



The Caldwell Housing
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TENANT / APPLICANT CERTIFICATION

I _____ certify that I have a diagnosed disability according to Title 42, Section 36 of the United States code, and that I am: 1) an individual with physical or mental impairment that substantially limits one or more major life activity, or 2) an individual who is regarded as having such impairment, or 3) an individual with a record of such impairment.

As an individual with a disability, I request the following accommodation (please be as specific as possible):

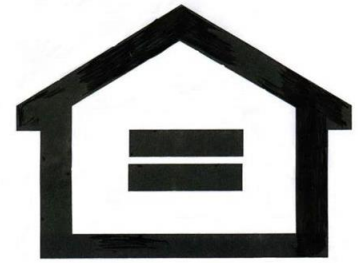
I further certify that the requested accommodation “IS” necessary and there “IS” an identifiable relationship, or nexus, between my requested accommodation and my disability-related need for:

Tenant / Applicant Signature

Date



REASONABLE ACCOMMODATION REQUEST



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PROOF OF NEED FOR REASONABLE ACCOMODATION

I _____ am a professional health care provider and certify that
_____ is my client and, according to Title 42, Section 36 of
United States Code, is: 1) an individual with a physical or mental impairment that
substantially limits one or more major life activity, 2) an individual who is regarded as
having such impairment, or 3) an individual with a record of such impairment, and has a
qualified disability according to Title 24, Section 100 of the Federal Code of Regulations
(printed on reverse side). I further certify, based on my professional opinion, that the
requested accommodation “IS” necessary and there “IS” an identifiable relationship, or
nexus, between my clients requested accommodation and my clients’ disability-related
need for:

PLEASE BE SPECIFIC



REASONABLE
ACCOMMODATION
REQUEST



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Signed _____

Date _____

Printed Name

Title / Profession

License / Practice Number

Mailing Address