

Housing Authority of the City of Eastman  
**VERIFICATION OF NEED FOR UNIT WITH SPECIAL FEATURES**

**Applicant:**

I \_\_\_\_\_ hereby authorize the release of the requested information below to:

Health Provider/Professionals Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone # \_\_\_\_\_ Fax # \_\_\_\_\_ Email \_\_\_\_\_

\* \_\_\_\_\_ \* \_\_\_\_\_  
Signature of Applicant Date

*If you do not need a unit with special features please check here ( ) and sign above by\**

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**Health Provider/Professional:**

Dear Sir/Madam:

The above-Named person is applying for admission to public housing and has expressed a need for either a unit with the special features, or a live-in-aide. The applicant has named you as a person who can verify the need for the features/aide. Indicate whether, in your professional judgement, the applicant needs the above features in an apartment, or needs the services of a live-in attendant as a reasonable accommodation to a disability. If you have any questions, please call 478-374-5414. Your prompt return of this form in the attached stamped, self-addressed envelope, if mailing, would expedite processing. Please complete below:

Name of family member with special housing need: \_\_\_\_\_

Nature of need(s) please check:

**Special Unit Needs:**

- |  |   |
|--|---|
| <input type="checkbox"/> A separate bedroom          | <input type="checkbox"/> A barrier-free apartment |
| <input type="checkbox"/> Extra bedroom for equipment | <input type="checkbox"/> Unit for Vision-Impaired |
| <input type="checkbox"/> Unit for Hearing-Impaired   | <input type="checkbox"/> Live In Attendant        |
| <input type="checkbox"/> Other Modifications _____   |   |

Verification and explanation of need(s): Please do not provide any information about the nature or extent of the applicant's disability. Simply indicate whether, in your professional judgement, the applicant needs the above feature in an apartment: \_\_\_\_\_

\_\_\_\_\_  
Name of person providing verification Signature & Title \_\_\_\_\_

Agency \_\_\_\_\_ Phone # \_\_\_\_\_

Agency Address \_\_\_\_\_

Email \_\_\_\_\_ Date \_\_\_\_\_

