



**Kansas City, Kansas
Housing Authority**

1124 North Ninth Street
Kansas City, KS 66101-2197
(913) 281-3300 FAX (913) 279-3428

**VERIFICATION OF NEED FOR SPECIAL UNIT
or REASONABLE ACCOMODATION**

Name: _____

Date: _____

Address: _____

Dear Sir/Madam:

The above-named person lives with the Kansas City, Kansas Housing Authority and has expressed a need for either a unit with the special features, a live-in aide or another type of reasonable accommodation. The resident has named you as a person who can verify the need for the features/aid. It would be appreciated if you would review the information provided and verify the resident's need for the listed characteristics if, in your best professional opinion, such is needed. If you have any questions, please call us at 913-281-3300. Your prompt return of this completed document faxed back to 913-279-3447 would expedite processing.

Sincerely,

Housing Management

(Please print responses below)

1. Name of family member with special housing need: _____

2. Nature of need(s):

A separate bedroom

Special Unit:

Unit for vision-impaired

A barrier-free apartment

One-level unit

Unit for hearing-impaired

Bedroom & bath on 1st floor

Extra bedroom

Grab bars in bathroom

Shower

Live-in attendant

Wall shower seat

Other modification to unit

Verification and explanation of need(s): _____

1. Name of person providing verification: _____

2. Medical Certification/License Number: _____

3. Signature: _____

4. Name of Agency: _____ Phone #: _____

Agency Address: _____ Date: _____

I, _____, hereby authorize the release of the requested information.

Tenant Signature

Date