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Verification of Need for Wheelchair Accessible Unit

Applicant/Resident Name: _____ Date of Birth: _____

Dear Medical Provider,

The above named family/person has applied for housing assistance administered by this agency. The applicant or a family member appears to need a unit with special accessibility features. Homes for Good has a limited number of units specially modified to meet the accessibility needs of people with disabilities, and it is this agency's intent that these units be utilized appropriately by persons requiring such modifications. Please complete the form below indicating the applicant's need for accessibility features.

I hereby authorize the release of information relative to my circumstances to Homes for Good of Lane County.

Signature: _____ Date: _____

Please verify that _____ (family member name) requires one of the following special features:

- Inclined ramps, wider doors, and/or roll-under counters for wheelchair or walker use.
- Wheelchair approachable kitchen and bathroom sinks.
- Bathing and toilet facilities for wheelchair users.

Other special convenience/safety features to make the unit useable by persons with disabilities. Please specify: _____

Print name: _____ Date: _____

Signature: _____ Title: _____

Address: _____
