

**Housing Accommodation Verification Form**

**To be completed by Resident:**

Resident Name: \_\_\_\_\_ Student ID#: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Telephone#: \_\_\_\_\_ Email: \_\_\_\_\_

Housing Accommodation Request: \_\_\_\_\_

Resident Signature: \_\_\_\_\_

*This signature authorizes the verifier below to provide answers to the questions to the best of his/her knowledge of this resident, solely for the purpose of determining the disability-related need for the housing accommodation requested.*

**To be completed by Licensed Healthcare Professional:**

1. Is the resident a person with a disability (defined as having an impairment that limits one or more major life activities for longer than 6 months)? You do *not* need to provide detailed information about the nature or severity of the specific disability.     YES     NO
2. Please describe how this disability restricts or limits the resident in conducting one or more major life activities:
3. Does the student require the above requested accommodation to have an equal opportunity to use and enjoy their housing?     YES     NO
4. If yes, please describe the connection between the current limitations and the requested accommodation in order for the resident to have an equal opportunity to use or enjoy their housing

Name of Physician or Certified/Licensed Professional: \_\_\_\_\_

Organization: \_\_\_\_\_ Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_ License or Certification #: \_\_\_\_\_

\*I verify that the above information is complete and accurate to the best of my knowledge and certify based upon professional ethics that I am not related to this resident.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please attach business card at top.

**Application for Reasonable Accommodations for University Housing**

If you require assistance completing this form, or require an alternative format, please contact the Disability Services Center at 949-824-7494. UCI will keep a record of all requests.

Student Name: _____	Student ID# _____
Housing Community: _____	Unit #: _____
Email: _____	Phone: _____
Person Requesting Accommodation: _____	
Relationship to Student: _____	

**Accommodation Request:**

1. I am a person with a disability (defined as having an impairment that limits one or more major life activities for longer than 6 months). You do not need to provide detailed information about the nature or severity of the disability.       YES       NO

2. I require the following housing exception because of my disability:

Physical Change to Unit

Other \_\_\_\_\_

3. In order to have an equal opportunity to use or enjoy University Housing, please describe the connection between your current limitations and the requested accommodation. (You do not have to disclose your specific disability).

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Application for Reasonable Accommodations for University Housing**

**Physical Space Changes:**

If you are requesting a physical change to the **interior** of your assigned unit, please describe the needed modifications:

If you are requesting a physical change to the **exterior** of your assigned unit or to community common areas, please describe the needed modification:

**Other Accommodation Requests: (Please Describe)**