



ADA/504 CERTIFICATION FORM

Applicant/Tenant Name

Street Address

City State Zip Code

I certify that I am (check one):

A Physician

A Registered Nurse

Another professional with relevant expertise

Explain: _____

Licensed in the State of South Carolina and have treated or examined the above individual.

The above individual has a “disability” within the meaning of the Americans with Disabilities Act and Section 504, meaning a physical or mental impairment substantially limiting a major life activity, including but not necessarily limited to, one or more of the following:

Walking or Standing

Thinking or Learning

Hearing

Seeing

Performing manual tasks

Sleeping

Maintaining personal hygiene or other personal needs

Other/ Explain: _____

NOTE: To be “substantial,” a limitation need not be total. For example, a person who sometimes needs a wheelchair for mobility due to chronic fatigue or pain may be substantially limited in walking, even if able to walk short distances.

Because of his/her limitation(s), he/she requires the following accommodation(s) to have an equal opportunity to use and enjoy a public housing unit:

Wheelchair-accessible unit

Separate bedroom

Visual Fire and smoke alarms

TTY

Accommodations for unrelated live-in personal assistant

Service/Assistance Animal

Other/ Specify: _____

This accommodation is required because:

NOTE: A separate ADA/504 Certification form must be completed by each individual within the household requesting a reasonable accommodation. If a household member has previously requested an accommodation and requests a new accommodation unrelated to the previous request, they must also complete a new ADA/504 Certification form for the new request.

An accommodation may be “required” even if it is not required constantly. For example, an individual may require separate sleeping accommodations at sometimes but at other times sleep with a spouse. The need for a personal assistant at times does not imply that the person can never be alone or with family caregivers. Individuals have the right to assume a reasonable risk if an accommodation is denied or is unavailable.

If Service/Assistance Animal was checked above, provide a description of the animal required and the details of why the person requires the assistance of the animal. For multiple animals, please provide a description of each animal and the assistance each animal provides:

The Housing Authority of the City of Charleston
550 Meeting Street
Charleston, South Carolina 29403

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A service animal must be required due to a disability and must be trained to assist the person with his or her disability. Service animals are prohibited if: the animal is out of control and the handler does not take effective action to control it, the animal is not housebroken, or the animal poses a direct threat to health or safety that cannot be eliminated or reduced by reasonable modification of other policies. If the animal does not qualify as a service animal under the ADA, the animal may still qualify as an assistance animal. A person with a disability is not automatically entitled to have an assistance animal. Reasonable accommodation requires that there is a relationship between the person's disability and his or her need for the animal. Assistance animals are not required to be trained. Assistance animals are prohibited if: there is reliable objective evidence that the animal poses a direct threat to the health and safety of others that cannot be reduced or eliminated by a reasonable accommodation or that the animal would cause substantial physical damage to the property of others. If a disabled person requests more than one service or assistance animal, the person must provide justification for each individual animal and explain why the one animal is not sufficient to assist the person with his or her disability.

****I understand that I may be subject to criminal penalties if I willfully misrepresent the medical condition regarding the above-mentioned patient through any act of fraud, which may assist in defrauding federal subsidies. ****

Date

Signature

Print Name

Street Address

City, State

Zip Code

Telephone Number