**Inaccessibility of a Critical Element of the Dwelling Unit**

Applicant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Client ID or SSN: \_\_\_\_\_\_\_\_\_\_

**Inaccessibility of a Critical Element of the Dwelling Unit**: An Applicant Household Member or I have a:

1. Mobility or other impairment that makes it impossible to use a critical element of our current apartment of residency or building; **AND**
2. The current Owner is not legally obligated to make changes to the Apartment or dwelling Unit that would make these critical elements accessible to the Family member with the disability.

**Applicant Certification of Inaccessibility of a Critical Element of the Dwelling Unit:**

I hereby certify that an Applicant Household Member or I: have a mobility or other impairment that makes it impossible use a critical element of our current apartment of residency or building; AND the Owner is not legally obligated to make changes to the Apartment that would make these critical elements accessible to the Family member with the disability.

I understand that any falsification, misrepresentation, or concealment of information is grounds for denying admission to BHA housing for a period of three (3) years.

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

**Required Verification:**

1. A written statement from a Qualified Healthcare Provider verifying that:
   1. Whether a family member is a person with a disability; **AND**
   2. An explanation detailing why a critical element of the dwelling which is inaccessible; **AND**
2. A statement from the landlord or official of a government or other agency providing service to such Disabled Person explaining the reason(s) that the landlord is not required to make changes which would render the dwelling accessible to the individual as a Reasonable Accommodation.

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