SC State Housing Finance and Development Authority Verification of Reasonable Accommodation

To the Health Care Provider:		
As an applicant/participant in the HUD Section 8 Rental Assistance Program, I am required to provide informat concerning the need and appropriateness of a requested "Reasonable Accommodation". Please complete this for and return it directly to the Housing Program Coordinator (HPC) listed below. Your prompt cooperation in supply the requested information is appreciated. If you have any questions, please do not hesitate to contact the HPC.		
Mailing Address: SC State Housing Finance & Development Authority Voucher Program –County HPC 300-C Outlet Pointe Blvd Columbia, SC 29210	Phone: (803) 896 Fax: (803) 551	
Name of Participant:	SSN:	
Signature Authorizing Release of Information:	Date:	
The "Reasonable Accommodation" requested affects (check the appropriate of the control of the co] Prohibition against renting from relatives	
TO BE COMPLETED BY HEALTH C. The person with disabilities above requires an exception from Program additional sheets of paper if needed).		
I hereby certify that the above "Reasonable Accommodation" is needed based on their disability. There is no less intrusive way to allow the Section 8 Program.		
Signature of Health Care Provider	Date	
Printed Name	Title	
Street Address	SC License Number (if applicable)	
City, State and Zip Code	Telephone Number	

Warning: 18 U.S.C. 1001 provides, among other things, that whoever knowingly and willfully makes or uses a document or writing containing false, fictitious, or fraudulent statement or entry, in any matter within the jurisdiction of any department or agency of the United States, shall be fined not more than \$10,000 or imprisoned for not more than five years, or both.

If using a Telecommunications Device for the Deaf (TDD), please call: (803) 896-8831.