

# Third Party Verification of Need for the Design Features of a Fully Accessible Apartment

## For Applicant/Tenant to Complete (Release of Information):

Applicant/Tenant \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 (Print the name of the person with the disability)

I authorize \_\_\_\_\_ to release information to the **Emma McRedmond Manor Apartments** to verify my disability and the need for the design features of a fully accessible unit.

Please provide the name, address and phone number of the Professional to verify your need of an accessible unit.

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Applicant/Tenant (sign name) \_\_\_\_\_ Date: \_\_\_\_\_

**For a Professional to Complete:** To be completed by a third party professional such as a doctor/nurse, social worker, or service agency counselor.

**Emma McRedmond Manor Apartments** is an elderly facility that receives federal assistance from HUD under the Section 202 and Section 8 housing programs. Eligibility is restricted to families whose head or spouse is 62 years of age or older, and non-elderly families whose head or spouse is physically disabled and in need of the design features of a fully accessible apartment. Those design features are listed below. The applicant whose name appears at the top of this form has applied for an accessible apartment at the Emma McRedmond Manor Apartments and with his/her signature is authorizing you to provide the information requested below. Please answer the following questions in order to verify this applicant's eligibility for an accessible apartment.

**Applicants must exhibit a need for FOUR OR MORE of design features to qualify for housing at Emma McRedmond Manor Apartments.**

**\*Four (4) or more of the features listed below MUST be selected to qualify\***

Does this applicant have a physical disability that results in the need for the design features listed below? YES \_\_\_\_\_ NO \_\_\_\_\_

\_\_\_\_\_ To my knowledge this applicant is not disabled.

\_\_\_\_\_ This applicant is disabled, but does not need any of the features listed.

**\*Please indicate which of the accessible design features this applicant will need:**

\_\_\_\_\_ Wide doorways (32") throughout

- \_\_\_\_\_ Toilets are \_\_\_\_ high
- \_\_\_\_\_ Grab bars installed around the toilet and bathtub.
- \_\_\_\_\_ One small section of kitchen cabinet is 30" high
- \_\_\_\_\_ Kitchen stove controls at front of appliance.
- \_\_\_\_\_ Open cabinet space in bathroom (no cabinet doors)
- \_\_\_\_\_ Environmental controls at \_\_\_\_\_
- \_\_\_\_\_ Closet bars lowered to \_\_\_\_\_
- \_\_\_\_\_ Roll-in shower

In addition to the features listed above. List any other design features which may be needed by this applicant:

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If necessary, would you be willing to testify under oath in a court of law to the information provided on this form? YES \_\_\_\_\_ NO \_\_\_\_\_

I certify that the information I have provided above is accurate and is based on my professional knowledge, training and experience.

Signature of Professional: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Thank you. Professional please return this form by mail, email, or fax to:**

**Emma McRedmond Manor Apartments**

7960 - 169th Ave NE. #101  
 Redmond, WA. 98052  
 Ph: 425.869.2424  
 Fax: 425.558.5526

Notice: Forms hand delivered or mailed in by the applicant making the request will NOT be accepted.