

**CERTIFICATION OF DISABILITY  
under the Fair Housing Act and other federal  
and state laws protecting the rights of disabled persons**

To: Cathy Hoog, Executive Director      choog@salemha.org  
Marblehead Housing Authority  
26 Rowland Street  
Marblehead, MA 01945

RE: \_\_\_\_\_ (NAME OF PATIENT)

I hereby declare, under the pains and penalties of perjury, that the following statements are true and correct:

1. \_\_\_\_\_ (“Patient”) is my patient and lives at \_\_\_\_\_.

2. My name, professional address, and business telephone number are as follows:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. I am duly licensed by the Commonwealth of Massachusetts to:

(a) practice medicine in the Commonwealth and my medical license number is: \_\_\_\_\_ ; OR

(b) (alternate health care provider) \_\_\_\_\_ and my license number is \_\_\_\_\_ ; OR

(c) (alternate professional) \_\_\_\_\_ and my license number is \_\_\_\_\_

4. I am also certified in the following medical (or other) specialt(ies) (if any)

\_\_\_\_\_  
\_\_\_\_\_

5. I understand that the federal Fair Housing Act defines a handicapped person as one who has “(1) a physical or mental impairment which substantially limits one or more of such person’s major life activities, (2) a record of having such an impairment, or (3) being

regarded as having such impairment.” I hereby certify that Patient is a handicapped person pursuant to the foregoing definition from the Fair Housing Act due to the following condition or for the following reasons (please describe in detail the condition which so limits your patient and the nature of the limitations):

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**6.** If you have certified that the Patient is handicapped in No. 5, above, can this condition be treated to prevent any substantial limitations on any of the Patient’s major life activities? Please explain your answer in detail.

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**7.** If your answer to No. 6, above, indicates that the condition is treatable, is the Patient’s condition being treated to prevent any substantial limits on any of the Patient’s major life activities? Please explain your answer in detail.

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**8.** I am aware that Patient has requested that the Salem Housing Authority accommodate his/her handicap by:

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**9.** I hereby certify that each of the Patient’s requests in No. 8, above, alleviates or mitigates her handicap(s) described in No. 5, above, or otherwise assists the Patient in using and enjoying her home and the appurtenant common facilities (if any) for the following reason(s) (note: please provide this information in detail for each of the three requests described in No. 8, above):

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**10.** I understand that this information is solely for the use of the MARBLEHEAD HOUSING AUTHORITY in evaluating a request for reasonable accommodation made by the Patient, that it will be kept confidential, and that it will be provided only to authorized representatives of the MARBLEHEAD HOUSING AUTHORITY who periodically may need to verify and re-validate that this information is still correct, and/or to a tribunal of competent jurisdiction should a dispute arise in regard to this request and a complaint is filed by the Patient against the MARBLEHEAD HOUSING AUTHORITY relative to this matter.

**11.** I understand that if a dispute arises concerning these issues, I may be called upon to testify regarding my professional opinions as set forth in this certification.

Sworn to and signed this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ under the pains and penalties of perjury.

\_\_\_\_\_  
Signature