



**Greene Metropolitan Housing Authority**

538 N. Detroit Street, Xenia, OH 45385

Xenia: 937-376-2908, Fairborn: 937-429-7736

General Fax: 937-376-2487, Public Housing Fax: 937-347-1235, Section 8 Fax: 937-347-1230

Website: [www.gmha.net](http://www.gmha.net)

**Authorization**

**Form to be completed by client and returned to GMHA**

I/we authorize GMHA to verify that the referenced Household Member has a disability and needs the reasonable accommodation(s) requested. To verify this information, GMHA may contact the below-named physician, psychiatrist, licensed psychologist, licensed nurse-practitioner, licensed social worker, rehabilitation professional or non-medical service agency whose function is to provide services to persons with disabilities. I understand the information GMHA obtains will be kept completely confidential and used solely to evaluate the request.

This authorization is requested because third-party verification may be needed. Be advised that you may submit any supporting documentation directly to GMHA rather than having GMHA contact your provider, in order to evaluate your request.

Name of Provider: \_\_\_\_\_

Field of Practice: \_\_\_\_\_

Agency/Clinic/Facility: \_\_\_\_\_

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

\_\_\_\_\_

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

Household Member who needs accommodation \_\_\_\_\_

\_\_\_\_\_  
Signature of Head of Household or authorized Guardian

\_\_\_\_\_  
Date

Please return this form as promptly as possible so GMHA may make a determination on this request.

Please return to:

\_\_\_\_\_ Housing Manager \_\_\_\_\_ email

\_\_\_\_\_ Phone Number

\_\_\_\_\_ Fax Number