



Director's Office

**ANNUAL CERTIFICATION FORM FOR
ACCOMMODATION UNDER THE FAIR HOUSING ACT
_____ HOUSE**

Due annually by February 1

This Certification is made in fulfillment of the annual certification requirement of Condition 8 for an Accommodation for _____ sober living home ("SLH") under the Lafayette City-Parish Consolidated Government Community Development and Planning Department ("CDP") Procedure for Reasonable Accommodations Under the Fair Housing Act (the "Procedure"). Please complete and return this form by February 1 of each year to:

Lafayette City-Parish Consolidated Government
Community Development and Planning Department
Director
220 W. Willow St., Building B
Lafayette, LA 70501

If more space is needed, please attach additional pages. Please complete every blank, and if inapplicable, write "N/A."

SLH Name: _____
SLH Address: _____
SLH Point of Contact:
Name: _____
Telephone (office): _____ Telephone (cell): _____
Email Address: _____

The SLH and its operations and residents are in compliance with all Conditions of the Accommodation (check one):

Yes: _____
No: _____

Please complete **one** of the following two sections, as appropriate:

1. If the SLH and its operations ARE in compliance with all Conditions of the Accommodation:

I hereby certify that the SLH and its operations and residents are in compliance with all Conditions of the Accommodation.

I hereby certify that there are _____ residents living in the SLH on the date of this certification.

I hereby certify that I have knowledge of the matters stated herein, that all of the matters stated herein are true and correct as of the date of this certification, and that I am authorized to make this statement on behalf of the SLH residents.

Responsible Person

Signature: _____

Printed Name: _____

Date: _____

2. If the SLH and its operations ARE NOT in compliance with all Conditions of the Accommodation:

I hereby certify that the SLH and its operations and residents are in compliance with all Conditions of the Accommodation except the following (attach additional pages as necessary):

Condition ____ . Description of the nature and circumstances of the violation and persons involved, all remedial measures that have been taken or are being taking, when full compliance was or will be achieved, and how repetition of the violation will be avoided:

I hereby certify that there are ____ residents currently living in the SLH on the date of this certification.

I hereby certify that I have knowledge of the matters stated herein, that all of the matters stated herein are true and correct as of the date of this certification, and that I am authorized to make this statement on behalf of the SLH residents.

Responsible Person

Signature: _____

Printed Name: _____

Date: _____

Lafayette City-Parish Consolidated Government
Community Development and Planning Department

**SAFETY NOTICE FOR
ACCOMMODATION UNDER THE FAIR HOUSING ACT
_____ HOUSE**

I understand that the Lafayette City-Parish Consolidated Government Community Development and Planning Department (“CDP”) has granted a reasonable accommodation for _____ House (the “SLH”) pursuant to the Fair Housing Act, to apply zoning, safety, and other requirements under the authority of the CDP to the SLH only to the extent that such requirements would apply to a single-family residence. As a result, safety and other requirements that would otherwise apply will not be applied to the SLH.

I understand that no safety or other requirements beyond those applicable to a single-family residence are required for the SLH. For information regarding the safety and other requirements that still apply to the SLH, I understand that I may contact the CDP. For further information on safety and other standards that the SLH in fact satisfies, I understand that I must contact the residents of the SLH.

Resident

Signature: _____

Printed Name: _____

Date: _____