

Request Form For Recognition of an Assistance Animal as a Reasonable Accommodation

_____ [property name] provide reasonable accommodations to our applicants and residents with disabilities who have a disability-related need for a reasonable accommodation. A reasonable accommodation is an exception made to the usual rules or policies ***made necessary because of a disability*** for the resident to use and enjoy an apartment community. Please answer the following questions:

Name of Applicant/Resident (print): _____

Address of Resident: _____

Request for Reasonable Accommodation: Request for management to recognize an animal as an Assistance Animal as a reasonable accommodation to the pet rules.

The Fair Housing Act defines disability for purposes of a reasonable accommodation as a physical or mental impairment that **substantially** limits one or more major life activities. The disability must be continual or long duration to be protected by the Fair Housing Act, and the impairment must be significant enough to rise to the level of a disability.

1. Do you consider that you or someone in your household is disabled?

YES **NO** **I DON'T KNOW**

2. If yes, is it **necessary** due to a disability-related need to have the animal live in your apartment home?

YES **NO**

HUD defines an assistance animal as follows:

An assistance animal is not a pet. It is an animal that works, provides assistance, or performs tasks for the benefit of a person with a disability, or provides emotional support that alleviates one or more identified symptoms or effects of a person's disability. Assistance animals perform many disability-related functions, including but not limited to, guiding individuals who are blind or have low vision, alerting individuals who are deaf or hard of hearing to sounds, providing protection or rescue assistance, pulling a wheelchair, fetching items, alerting persons to impending seizures, or providing emotional support to persons with disabilities who have a disability-related need for such support.

3. Do you believe that your animal provides a service or benefit that alleviates one or more symptoms or effects of your disability?

YES **NO** **I DON'T KNOW**

4. If it is necessary to have the animal live in your apartment, it is necessary to take this animal into the common areas for reasons other than to relieve itself?

YES **NO**

5. Please describe the animal you are requesting be identified as an assistance animal that is necessary due to your disability.

6. Do you have additional animals that live in your household?

YES **NO**

If yes, please describe: _____

I hereby certify that the information provided in this form is true and accurate to the best of my ability.

Applicant's/Resident's Signature

Date

Questions pertaining to Verification

Residents should complete the remainder of this form only after being specifically instructed to do so because verification is needed.

1. Did you pay a fee to obtain the verification?

YES

NO

2. Did you locate your verifier online by filling out a brief questionnaire or participating in a brief telephone call?

YES

NO

3. Does your verifier provide you with continuing medical or therapeutic services?

YES

NO

Please provide the name and contact information of a third-party professional who can verify your disability status and your need for an assistance animal.

Name

Relationship to Applicant/Resident

Address

Telephone Number

Fax Number

Email Address