

Reasonable Accommodation or Modification Request Verification (Form)

Date: _____

To: _____ (Health Care Provider)

Address, City, State, Zip: _____

From: _____ (Landlord)

Address, City, State, Zip: _____

RE: Request Reasonable Accommodation/Modification

Residents Name: _____

Address, City, State, Zip: _____

The resident named above has requested this accommodation/modification:

If accommodation is an animal, Please describe: Breed: _____

Weight: _____ Color: _____

Under state and federal laws, individuals with disabilities may request reasonable accommodations from housing providers and we must consider the request. Reasonable accommodations in rules, policies, practices and services must be allowed to give persons with disabilities an equal opportunity to use and enjoy housing, provided such accommodation does not impose an undue hardship or requests a change in the fundamental nature of our business. Residents with disabilities must be allowed to make reasonable modifications to their apartments and common areas at their own expense subject to appropriate construction and restoration considerations.

It is our policy to verify that the individual qualifies as disabled, as that term is defined by law, and requires the accommodation to have equal opportunity to use and enjoy the apartment community.

We would appreciate your cooperation in answering the following questions and returning it to the Landlord. You may reply by email to: _____ or use the enclosed self-addressed envelope for this purpose. The resident has consented to the release of information, as shown on the last page.

Definition of Disabled

Under federal law, an individual is disabled if he/she has a physical or mental impairment that substantially limits one or more major life activities; has a record of such an impairment; or is regarded as having such an impairment.



Information Requested:

1. Is this resident disabled as defined on Page 1: Yes No

2. In your professional opinion, does the resident need this accommodation to have the same opportunity that a nondisabled individual has to use and enjoy the apartment community? Yes No

3. Is there any other accommodation that may be equally effective as the requested accommodation which you can suggest? Yes No

Please Explain _____

4. If this request is for the assistance animal listed, must it be this exact animal, or could another animal serve the same function? Yes No

5. I am a Health Care Provider of the above-named resident with ongoing care and have seen them in the last 6 months. Yes No

6. Would you be willing to testify in any court action or related proceeding as to the resident's need for the reasonable accommodation? Yes No

If you answered No to the above question, please explain the reason for your answer. _____

7. In your professional opinion, does this resident need more than 1 assistance and/or emotional support animal? Yes No NA

Primary Health Care Provider Information:

Name & Title of person supplying information: _____

Firm/Organization: _____

Phone Number: _____

Signature _____ Date: _____

Resident Release

The person named and signing below is an applicant or resident or is the adult guardian of a minor child household member of an applicant/resident at the above apartment community. By my signature below, you are authorized by mail or email to provide the information requested on this form about me or about the minor child, and to answer any follow up questions related to the requested accommodation or modification.

Print Name: _____

Date: _____

Signature _____

