

# Reasonable Accommodation or Modification Request Verification

## Additional Information Requested

Date: \_\_\_\_\_

To: \_\_\_\_\_ (Health Care Provider)

Address, City, State, Zip: \_\_\_\_\_

From: \_\_\_\_\_ (Landlord)

Address, City, State, Zip: \_\_\_\_\_

### **RE: Request Reasonable Accommodation/Modification**

Residents Name: \_\_\_\_\_

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:**

While most requests for reasonable accommodations involve one animal, requests sometimes involve more than one animal (for example, a person has a disability-related need for both animals, or two people living together each have a disability-related need for a separate assistance animal).

Attached, please find the original Reasonable Accommodation or Modification Request Verification.

As the Primary Health Care Provider, you answered, Yes to the question below,

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

Please explain the need for more than 1 assistance or emotional support animal: \_\_\_\_\_  
\_\_\_\_\_

**Primary Health Care Provider Information:**

Name & Title of person supplying information: \_\_\_\_\_

Firm/Organization: \_\_\_\_\_

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

Signature \_\_\_\_\_ Date: \_\_\_\_\_

