

# REQUEST FOR REASONABLE ACCOMMODATION

If you, a member of your household, or someone associated with you has a disability, and believes that there is a need for a reasonable accommodation that will provide you with an equal opportunity to use and enjoy the residence, please complete this form.

Name of Resident/Applicant: \_\_\_\_\_

Signature of Resident/Applicant: \_\_\_\_\_

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

The person who has a disability requiring a reasonable accommodation is:

Me

A person associated or living with me

Name of Person With Disability: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

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

I or the person associated or living with me who has a disability request the following: \_\_\_\_\_

Reason for the Request: \_\_\_\_\_

\_\_\_\_\_

Signature of Requester: \_\_\_\_\_

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

**For Office Use Only**

Date Received in Office: \_\_\_\_\_

Person accepting the request (print): \_\_\_\_\_

Signature of Office Person Accepting the Request: \_\_\_\_\_

REASONABLE ACCOMMODATION VERIFICATION

Louise Beck Properties provides reasonable accommodations to applicants and Tenants with disabilities that have a verifiable need for the requested accommodation. A reasonable accommodation is an exception made to the usual rules or policies made necessary because of a disability and the Tenant's inability to use and enjoy the residence.

Name of Applicant/Tenant \_\_\_\_\_

Request for Reasonable Accommodation \_\_\_\_\_

Signature of Applicant/Tenant \_\_\_\_\_

**TO BE COMPLETED BY A QUALIFIED HEALTHCARE PROVIDER[1]**

By signature above, the Applicant or Tenant has authorized you to provide the information requested on this form. Please answer the following questions to the best of your knowledge:

1. Is this Applicant/Tenant disabled?  Yes  No  I don't know

*The Fair Housing Act defines "disability" as a physical or mental impairment that substantially limits one or more major life activities. The Supreme Court has determined that to meet this definition a person must have an impairment that prevents or severely restricts the person from doing activities that are of central importance in most peoples' daily lives. Under the Americans with Disabilities Act, an individual with a "disability" is a person who has a physical or mental impairment that substantially limits one or more major life activities, a person who has a history or record of such an impairment, or a person who is perceived by others as having such an impairment.*

2. Describe in what manner this disability restricts the Applicant/Tenant in activities that are of central importance to his or her daily life:

3. Does this Applicant/Tenant need the accommodation requested above to be able to live in the property?  Yes  No  I don't know

4. If yes, please describe how this accommodation will enable the Applicant/Tenant to use or enjoy the

\*NOTE: If requesting a service or companion animal, include a description of any work or tasks that the animal has been trained to perform[2].

[1] A qualified healthcare provider, who can provide information verifying disability or the necessity of an accommodation and who must have specific knowledge of the Applicant/Tenant's medical condition based on individualized examination, includes, but is not limited to: a medical or osteopathic doctor, physician, surgeon, psychiatrist, podiatrist, dentist, clinical psychologist, optometrist, chiropractor, nurse practitioner, physician assistant, clinical social worker or other licensed mental health or medical professional, a marriage and family therapist or acupuncturist, a peer support group, a non-medical service agency, or a reliable third party who is in a position to know about the Applicant/Tenant's disability.

[2] Louise Beck Properties permits the accommodation of service and assistance animals to disabled applicants and Tenants that have a verifiable need for the requested animal. Emotional support and companion animals are not legally defined in the same way as service animals, and are generally not trained to perform a specific task; however, these animals are covered under the Fair Housing Act and ADA and require reasonable accommodation for disabled individuals.

***I hereby certify that to the best of my knowledge and under penalty of perjury that I am a qualified healthcare provider as defined in this form and that the information herein is true and accurate and based on my personal assessment of the Applicant/Tenant within one year of this certification.***

***Please complete the section below and provide a signed statement on official letterhead verifying Applicant/Resident's disability or necessity of an accommodation.***

Name and Position of Verifier (print)

Signature of Verifier

Address

Phone Number

Date

---

---

---

---

---

---

## VETERINARIAN'S CERTIFICATION OF BREED AND TEMPERAMENT

The undersigned hereby certifies that the information contained in this Veterinarian's Certification of Breed and Temperament (this "Certification") is true and correct.

1. I am a licensed Veterinarian in the State of \_\_\_\_\_
2. I have examined the ESA/Support animal: \_\_\_\_\_
3. ESA/Support animal name: \_\_\_\_\_
4. ESA/Support animal owner's name: \_\_\_\_\_
5. Date of the most recent examination: \_\_\_\_\_
6. The ESA/Support animal is described as follows:  
Age \_\_\_\_\_ Color \_\_\_\_\_ Weight \_\_\_\_\_  
Breed \_\_\_\_\_ Male/Female \_\_\_\_\_
7. I have known the ESA/Support animal since: \_\_\_\_\_
8. I (check one) \_\_\_am or \_\_\_am not aware of any aggressive, dangerous, or vicious propensities of the ESA/Support animal.

Veterinarian's Printed Name: \_\_\_\_\_

Veterinarian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

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