

Reasonable Accommodation Request

Service Animal or Emotional Support Animal

Name: _____

Phone: _____

Address: _____

Federal, and State laws require that Owner/Agents individuals with a disability, to have service or support animals on residential rental property.

Service animals are trained to perform specific tasks to assist individuals with disabilities, including individuals with mental health disabilities. Service animals do not need to be professionally trained or certified but may be trained by the individual with a disability or another individual. Persons, including tenants, occupants, invitees, owners, and others, are permitted to have service animals in all dwellings (including common use and public use areas), residential real estate, and other buildings involved in residential real estate transactions.

Support animals provide emotional, cognitive, or other similar support to an individual with a disability. A support animal does not need to be trained or certified. Support animals are also known as comfort animals or emotional support animals.

Service and Support animals are exempt from no pet policies and policies that place limitations on the type, size, breed and number of pets that are allowed. Further, no pet deposit/additional security deposit or pet rent will be charged for service or support animals. Resident will be responsible for any damage to the unit above ordinary wear and tear that is caused by a support or service animal.

I have a disability as defined by fair housing laws. As a result of my disability, I am requesting to keep the following type of assistance animal

Service animal Support animal

This request for an accommodation is necessary so that I can (describe):

I authorize _____ to verify that I have a disability and that I need the accommodation that I am requesting in order to have an equal opportunity to use and enjoy my dwelling. In order to verify this information, the above-identified person may contact the following physician, psychiatrist, licensed psychologist, licensed nurse practitioner, rehabilitation professional or other qualified service provider whose function is to provide services in the field of _____.

Name and title of practitioner: _____

Address of practitioner: _____

Telephone number of practitioner: _____

I understand that the information obtained from my practitioner will be kept completely confidential and will be used solely to make a determination of my reasonable accommodation request.

Signed: _____

Date: _____