

MODEL FORM

Get Proof of Disability and Need for Animal

When requesting proof of a resident's accommodation request for an animal needed because of a disability, use a form that you can send to the third-party verifier, such as the one below, provided by fair housing attorney Theresa Kitay.

"Have the person making the request for the accommodation sign the top, releasing the third party to provide this

information. Then send the form directly to the third party and have it sent directly back to you," she explains. "This approach will cut down on fraud, and will help you to control the information that you keep in your household files. You don't want unnecessary information in your files about a resident's disability, course of treatment, and medications."

REASONABLE ACCOMMODATION VERIFICATION

[Insert site name] provides reasonable accommodations to our residents with disabilities who have a verifiable need for the 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. The resident has authorized you to provide the information requested on this form. Please answer the following questions:

RESIDENT'S NAME (PRINT): _____

REASONABLE ACCOMMODATION REQUESTED : _____

RESIDENT'S SIGNATURE: _____ DATE: _____

This signature authorizes the verifier to provide answers to the questions below to the best of his/her knowledge of this resident.

1. Is this resident 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 people's daily lives.

2. Please describe in what manner this disability restricts the resident in activities that are of central importance to his or her daily life:

3. Does this resident need the accommodation requested above to be able to live in his/her apartment community?
 Yes No

4. If yes, please describe how this accommodation will enable the resident to use or enjoy this apartment community.

I hereby certify that to the best of my knowledge under penalty of perjury the information herein is true and accurate.

VERIFIER'S NAME AND POSITION (PRINT): _____

VERIFIER'S SIGNATURE: _____ DATE: _____

ADDRESS: _____ TEL. #: _____