

Reasonable Accommodation Verification Form - Assistance Animal

Instructions

Purpose of this form: This form is used to verify a reasonable accommodation or modification request. This form is provided for convenience and this specific form is not required. If you require an accommodation in order to complete this form please contact the property management office.

Date: _____ RA Log #: _____

Re: Verification of Section 504 Request for Applicant/Tenant

To (Certifying Knowledgeable Professional): _____

From (manager's name, address, and phone): _____

Re (applicant/resident name and address): _____



[insert company letterhead]

The person identified above has submitted the attached request for an accommodation under Section 504 of the Rehabilitation Act of 1973, requesting permission to have an assistance animal. An assistance animal is an animal that works, provides assistance, or performs tasks for the benefit of a person with a disability, or that provides emotional support that alleviates one or more identified effects of a person's disability. An assistance animal is not a pet. [Name of Housing Development] gives equal recognition to service animals and assistance animals that are not trained, including emotional support animals.

We must determine whether the resident qualifies as disabled under federal law and whether the resident requires the assistance animal in order to have an equal opportunity to use and enjoy our site. We would appreciate your cooperation in providing the following information and returning it to [email address of Section 504 Coordinator]. Your prompt return of this information will help assure timely processing of the individual's request for accommodation. The applicant/resident has consented to the release of this information on the attached request.



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PART I: Individual with Disabilities

Check the appropriate line below. An individual with disabilities is defined by Section 504 as any person who: (1) has a physical or mental impairment that substantially limits one or more major life activities (caring for one's self, performing manual tasks, seeing, hearing, speaking, breathing, learning and working); (2) has a record of such impairment; or (3) is regarded as having such an impairment.

- I **CONSIDER** that the above mentioned individual meets the above definition as an individual with disabilities.
- I **DO NOT CONSIDER** that the above mentioned individual meets the above definition as an individual with disabilities.

PART II: Reasonable Accommodation

Check the appropriate line below. Based on a review of the attached Section 504 Request for Reasonable Accommodation Form, does this resident need the assistance animal in order to have the same opportunity that a nondisabled individual has to use and enjoy our site?

- I **CONSIDER** an assistance animal **necessary** to afford this individual with disabilities equal opportunity to use and enjoy a dwelling unit and/or common areas. Please describe how the assistance animal alleviates the symptoms or effects of this individual with disabilities.

[insert company letterhead]

- I DO NOT CONSIDER** an assistance animal **necessary** to afford this individual with disabilities equal opportunity to use and enjoy a dwelling unit and/or common areas. If appropriate, please identify alternate reasonable accommodations that would meet the specific needs of this individual with disabilities:

Name of Certifying Knowledgeable Professional

Title/Agency

Signature

Date

All information is requested solely to determine this individual's need for accommodation as stated and will be held in strict confidence.

Fraud and False Statements: Title 18, Section 1001 of the U.S. Code states that a person who knowingly and willingly makes false and fraudulent statements to any department or employee of the United States Government, HUD, a Public Housing Authority or a Property Owner may be subject to penalties that include fines and/or imprisonment.

