HOUSING VERIFICATION OF NEED FOR ESA

Date: _____

(Landlord Company/Name/Address):

_____

_____

_____

By my signature below, you are authorized to provide the information requested on this form about me or my minor child.

Print Name of Applicant/Resident Requesting ESA: _____

RE: **REQUEST FOR REASONABLE ACCOMMODATION – ESA**

The Applicant/Resident has requested the following ESA: (Name and Breed of pet):_____

When a resident at this property requires an ESA, the following occur:

1. **The Property Owner is not allowed to collect a damage deposit, to protect against financial cost if the animal damages the apartment or community.**
2. **The Resident must follow additional rules pertaining to the handling and care of the ESA, and must sign a lease addendum detailing these rules.**

1. Is the resident disabled as defined on this page? ☐ Yes ☐ No

2. In your professional opinion, does the resident need an ESA in order to have the same opportunity that a nondisabled individual has to use and enjoy the apartment community? (Is the animal requested **necessary** to overcome barriers associated with the disability?)
   ☐ Yes ☐ No

3. If the resident is requesting more than one animal as a reasonable accommodation, do you believe that more than one animal is **necessary** to overcome barriers associated with the disability?
   ☐ Yes ☐ No

4. Are you/someone in your organization available to discuss developing an accommodation plan to balance the needs of this individual and those of the apartment community?
   ☐ Yes ☐ No

   If yes, please give name and phone number of contact person:
   _____

Print Name of Health Care Provider Completing Form: _____
Title of Health Care Provider Completing Form: _____

Organization Name: _____
Address _____
_____

_____ _____
Signature Date