

**REASONABLE ACCOMMODATION REQUEST VERIFICATION**

DATE \_\_\_\_\_

TO \_\_\_\_\_  
Community Association Name

\_\_\_\_\_  
Community Association's Address

**Re: REQUEST FOR ACCOMMODATION**

Member's/Tenant's Name \_\_\_\_\_

Address \_\_\_\_\_

I am requesting that the community association accommodate my disability by (state nature of accommodation request):  
\_\_\_\_\_  
\_\_\_\_\_

I hereby authorize my medical provider to fill out the questions below so that the Association can perform its due diligence to determine if I have a disability and if the accommodation requested is necessary to accommodate my disability. With respect to any accommodation request involving an assistance animal, I hereby accept and acknowledge that if the accommodation is granted I will still be responsible for complying with all requirements under the governing documents and applicable law regarding controlling my animal, cleaning up after my animal, reimbursing the Association for any damage caused by my animal, and ensuring that my animal does not make excessive noise.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**INFORMATION REQUESTED FROM MEDICAL PROVIDER**

1. Do you have a sufficient basis of knowledge derived from both your profession and your evaluation of the member's condition to determine whether the member is disabled and needs the requested accommodation?  Yes  No
2. Is member named above disabled as defined below?  Yes  No
3. In your professional opinion, does member named above need the accommodation requested in order to have the same opportunity that a nondisabled individual has to use and enjoy their home?  Yes  No
4. If the accommodation relates to an assistance animal, does the animal provide disability-related assistance or emotional support?  
 Yes  No  Not Applicable
5. If you answered "yes" to question number 2, can the member's condition be otherwise treated to prevent any substantial limits in any of his/her major life activities?  Yes  No

**DEFINITION OF 'DISABLED'**

Under federal law, an individual is disabled if he/she has a physical or mental impairment that substantially limits one or more major life activities; has a record of such an impairment; or is regarded as having such an impairment.

The term "physical or mental impairment" includes, but is not limited to, such diseases and conditions as orthopedic, visual, speech, and hearing impairments, cerebral palsy, autism, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, Human Immunodeficiency Virus infection, mental retardation, emotional illness, drug addiction, and alcoholism. This definition doesn't include any individual who is a drug addict and is currently using illegal drugs, or an alcoholic who poses a direct threat to property or safety because of alcohol use.

NAME & TITLE OF PERSON SUPPLYING INFORMATION \_\_\_\_\_

FIRM/ORGANIZATION \_\_\_\_\_

HEALTH CARE PROVIDER'S SIGNATURE \_\_\_\_\_

MEDICAL LICENSE # (IF PHYSICIAN) \_\_\_\_\_ DATE \_\_\_\_\_