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**SERVICE/ASSISTIVE ANIMAL ACCOMODATION REQUEST**  
(To be filled out by Applicant)

Date: \_\_\_\_\_

Applicants Name: \_\_\_\_\_

Rental Address Applying for: \_\_\_\_\_

Dear PHA Management,

I have a disability as defined by the fair housing laws. I use a service/assistance animal to assist me with the functional limitations related to my disability. My service/assistance animal enhances my ability to live independently, and to use and enjoy my dwelling fully.

Type of service/assistance animal (dog, cat, etc.): \_\_\_\_\_

As an accommodation for my disability, I request that you waive your "no-pet" policy, waive your pet weight / height restrictions and waive your pet deposit/rents.

I have attached a letter from my doctor or other medical professional, or other qualified third party who, in their professional capacity, has knowledge about my disability and my need for a reasonable accommodation. The letter verifies that I have a disability as defined in the fair housing laws, and that I have a disability-related need for a service animal.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Printed Name of Applicant

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**REASONABLE ACCOMMODATIONS VERIFICATION FORM**  
**(To be filled out by Health Care Provider)**

Doctor or Health Care Provider Name: \_\_\_\_\_

Provider's Company Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Patient's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

I hereby declare, under penalty of perjury, that the following statements are true and correct to the best of my knowledge:

Above listed Patient is currently under my professional care.

My Profession title is: (ie, Medical Doctor, Psychologist, etc.)

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I am also certified in the following medical specialties, if any:

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The Federal Fair Housing Act defines a disabled person as one who has "(1) a physical or mental impairment which substantially limits one or more of such a person's major life activities, (2) a record of having such an impairment, or (3) being regarded as having such impairment."

I hereby certify that Patient is a disabled person pursuant to the above definition from the Fair Housing Act.

I also certify that the Patient has a disability-related need for a service animal to assist with the day-to-day functional limitations relating to the disability.

The animal required for this assistance is: (list animal type, size, breed, etc.):

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Care Provider

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Care Provider