

**REASONABLE ACCOMMODATION/MODIFICATION**  
**SUPPORT/ASSISTANCE ANIMAL REQUEST VERIFICATION**

Date \_\_\_\_\_

To \_\_\_\_\_  
Health Care Provider's Name

\_\_\_\_\_   
Health Care Provider's Address

\_\_\_\_\_   
Email/Fax for Health Care Provider

From Walker Property Management  
Property Name  
3500 Newville Rd. Janesville, WI 53545  
Property Address  
emma@wpmrents.com or (608) 563-5259  
Fax Number or Email Address

**RE: REQUEST FOR REASONABLE ACCOMMODATION/MODIFICATION**

**RESIDENT'S NAME** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

The resident named above has applied for an apartment or is living in our community. The resident has requested the following accommodation/modification:  
Be allowed an ESA or service animal on the premises, even restricted breeds, for no additional cost

\_\_\_\_\_

\_\_\_\_\_

Under state and federal laws, individuals with disabilities may request reasonable accommodations from housing providers and we must consider the request. Reasonable accommodations in rules, policies, practices, and services must be allowed to give persons with disabilities an equal opportunity to use and enjoy housing, provided such accommodation does not impose an undue hardship or requests a change in the fundamental nature of our business. Tenants with disabilities must be allowed to make reasonable modifications to their apartments and common areas at their own expense subject to appropriate construction and restoration considerations.

It is our policy to verify that the individual qualifies as disabled, as that term is defined by law, and requires the accommodation in order to have an equal opportunity to use and enjoy the apartment community.

We would appreciate your cooperation in answering the questions on this form and returning it to the owner listed above. This can be done by faxing it to the number listed above. The resident has consented to this release of information, as shown on the last page.

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**INFORMATION REQUESTED**

1. How long has this patient been seen by you or your practice? \_\_\_\_\_
2. Is the resident disabled (see page 3 for definition)?  Yes  No
3. In your professional opinion, does the resident need this accommodation in order to have the same opportunity that a nondisabled individual has to use and enjoy the apartment community? In other words, is the accommodation/modification requested necessary to overcome barriers associated with the disability?  
 Yes  No

If yes, please list how the accommodation specifically addresses a problem associated with the disability

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4. Is there any other accommodation that may be equally effective as the requested accommodation which you can suggest?  Yes  No

Explain \_\_\_\_\_

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5. Are you or is someone in your organization available to discuss developing a plan of accommodation to balance the needs of this individual and the property owner?  Yes  No

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

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6. Please answer any other questions presented about the accommodation/modification on page 1:

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# REASONABLE ACCOMMODATION/MODIFICATION

## SUPPORT/ASSISTANCE ANIMAL REQUEST VERIFICATION

### REQUEST TO HAVE AN ANIMAL AS A REASONABLE ACCOMMODATION

There are two types of assistance animals, a service animal or a support animal. Assistance animals are not pets. They are animals that do work, perform tasks, assist and/or provide therapeutic emotional support for individuals with disabilities.

Under the ADA, a **service animal** is a dog who is individually trained to do work or perform tasks for the benefit of an individual with a disability, including physical, sensory, psychiatric, intellectual or other mental disability. The work or tasks performed by a service animal must be directly related to the individual's disability.

A **support animal** is an animal that is commonly kept in household. This includes a dog, cat, small bird, rabbit, hamster, gerbil, other rodent, fish, turtle or other small domesticated animal that is traditionally kept in the home for pleasure rather than commercial purposes.

A **unique animal** may be considered as a service animal if the animal is individually trained to do work or perform tasks that cannot be performed by a dog.

Type of Animal \_\_\_\_\_

This animal is considered a :  Service Animal     Support Animal    \* see definitions above

Please list the work/tasks or support that the animal is providing to the resident:

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### DEFINITION OF "DISABLED"

Person with a Disability (Handicapped Person). [24 CFR 891.505 and 891.305] A person with disabilities means:

(1) Any adult having a physical, mental, or emotional impairment that is expected to be of long-continued and indefinite duration, substantially impedes his or her ability to live independently, and is of a nature that such ability could be improved by more suitable housing conditions.

(2) A person with a developmental disability, as defined in Section 102(7) of the Developmental Disabilities Assistance and Bill of Rights Act (42 U.S.C. 6001(8)), i.e., a person with a severe chronic disability that:

(i) Is attributable to a mental or physical impairment or combination of mental and physical impairments;

(ii) Is manifested before the person attains age 22;

(iii) Is likely to continue indefinitely;

(iv) Results in substantial functional limitation in three or more of the following areas of major life activity:

(A) Self-care,

(B) Receptive and expressive language,

(C) Learning,

(D) Mobility,

(E) Self-direction,

(F) Capacity for independent living, and

(G) Economic self-sufficiency; and

(v) Reflects the person's need for a combination and sequence of special, interdisciplinary, or generic care, treatment, or other services that are of lifelong or extended duration and are individually planned and coordinated.

# REASONABLE ACCOMMODATION/MODIFICATION

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(3) A person with a chronic mental illness, i.e., a person who has a severe and persistent mental or emotional impairment that seriously limits his or her ability to live independently, and whose impairment could be improved by more suitable housing conditions.

(4) Persons infected with the human acquired immunodeficiency virus (HIV) who are disabled as a result of infection with the HIV are eligible for occupancy in the Section 202 projects designed for the physically disabled, developmentally disabled, or chronically mentally ill depending upon the nature of the person's disability. (24 CFR 891.505)

Note: A person whose sole impairment is alcoholism or drug addiction (i.e., who does not have a developmental disability, chronic mental illness, or physical disability that is the disabling condition required for eligibility in a particular project) will not be considered to be disabled for the purposes of the Section 202 program.

Doctor's Name \_\_\_\_\_ Licensing Credentials \_\_\_\_\_

Signature \_\_\_\_\_ Date of Signature \_\_\_\_\_

Address of Practice \_\_\_\_\_

Phone number of Practice \_\_\_\_\_

### RESIDENT RELEASE

#### **TO THE RESIDENT:**

**YOU DO NOT HAVE TO SIGN THIS FORM IF THE NAME OR ADDRESS OF EITHER THE OWNER OR THE HEALTH CARE PROVIDER IS LEFT BLANK.**

RELEASE: The person named and signing below is an applicant or resident at the rental housing community listed on page one. The rental housing community is requesting the information on this form. By my signature below, you are authorized to provide the information requested about me, and to answer any follow-up questions related to the requested accommodation or modification.

Print Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at \*\*208 (a) (6), (7) and (8).\*\* Violation of these provisions are cited as violations of 42 U.S.C. Section \*\*408 (a) (6), (7) and (8).