

REASONABLE ACCOMMODATION REQUEST VERIFICATION

DATE _____
TO _____
HEALTH CARE PROVIDER'S NAME

HEALTH CARE PROVIDER'S ADDRESS
FROM Gates Mill Homeowners' Association

c/o

COMMUNITY ASSOCIATION ADDRESS

RE: **REQUEST FOR ACCOMMODATION FOR ASSISTANCE ANIMAL**

NAME OF OWNER or PERSON ASSOCIATED WITH OWNER: _____

ADDRESS _____

The Owner or Person Associated with Owner named above has requested that our community association accommodate his/her disability by
(state nature of accommodation request): _____

Under normal circumstances, our _____ policy/ restriction would require us to deny the request. However, under federal law, if an individual with disabilities requests a reasonable accommodation, we must consider the request. To do this, we must verify that the individual qualifies as disabled under federal law and he or she requires the accommodation in order to have an equal opportunity to use and enjoy his/her home.

We would appreciate your cooperation in answering the questions on this form and returning it to the address listed above. Enclosed is a stamped, self-addressed envelope for this purpose. The member has consented to this release of information, as shown below.

INFORMATION REQUESTED

1. Is Owner or Person Associated with Owner named above permanently disabled as defined below? Yes No
2. Is there a relationship between the individual's disability and _____ (*the accommodation requested*)?
 Yes No
3. In your professional opinion, does Owner or Person Associated with Owner named above need the accommodation requested in order to have the same opportunity that a nondisabled individual has to use and enjoy the living quarters? Yes No
4. If you answered "Yes" to question number 1, can the Owner or Person Associated with Owner'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 _____

Would you be willing to testify under oath in any court action or related proceeding as to the Owner's or Person Associated with Owner's need for the requested accommodation? Yes No

HEALTH CARE PROVIDER'S SIGNATURE _____

MEDICAL LICENSE # (IF PHYSICIAN) _____ DATE _____

RELEASE

I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is no older than 12 months.

SIGNATURE _____ DATE _____

