

**REIDSVILLE HOUSING AUTHORITY ESA REASONABLE  
ACCOMMODATION REQUEST FORM**

(Please Write Legibly if Completed by Hand to Avoid Delays)

Person Making ESA Accommodation Request ("PMR"): \_\_\_\_\_  
*First Name* *Last Name*

PMR's Address: \_\_\_\_\_  
*Street Address* *City* *State* *Zip Code* *Apt. #*

Person Providing Documentation ("PPD" or "Provider"):  
(Frequently a healthcare provider or associated with a health care provider company)

\_\_\_\_\_  
*First Name* *Last Name* *Title* *Company*

PPD Address: \_\_\_\_\_  
*Street Address* *City* *State* *Zip Code*

PPD Email: \_\_\_\_\_ PPD Phone: \_\_\_\_\_ PPD Fax: \_\_\_\_\_

Person Assisting with Request ("PAR"): \_\_\_\_\_  
*First Name* *Last Name* *Title*

PAR Phone Number: \_\_\_\_\_ PAR FAX Number: \_\_\_\_\_

PAR Email Address: \_\_\_\_\_

**FORM FOR AN ASSISTANCE ANIMAL REASONABLE ACCOMMODATION REQUEST**

The resident named above has applied to or is living in our community. The resident has requested our permission to have an assistance animal. Specifically, the resident has requested that we allow \_\_\_\_\_ emotional support animal(s) (ESA) to reside in resident's apartment. *Type of Animal*

Our pet policy states that animals must be smaller than 30 pounds and pay a pet fee of \$65 and deposit of \$235, unless we've so authorized in writing an exemption.

However, if an individual with disabilities requests permission for an accommodation or modification, we must consider that request. We must also verify that the individual qualifies as disabled under federal law and requires the accommodation or modification in order to have an equal opportunity to use and enjoy the apartment and community.

To evaluate the resident's request to have an emotional support animal, we need you to answer the questions on this form and returning it to our community either by facsimile to the attention of

\_\_\_\_\_ at \_\_\_\_\_, or via e-mail to \_\_\_\_\_.  
*PAR Name* *PAR FAX* *PAR Email*

At the end of this form, the resident has authorized you in writing to release this information. You will need to read the following definitions to answer the questions below.

**MR ESA REASONABLE ACCOMMODATION REQUEST FORM**  
(Please Write Legibly if Completed by Hand to Avoid Delays)

**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 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 does not 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.

Major life activities include but may not necessarily be limited to caring for one’s self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working. A limitation is substantial if it significantly restricts the condition, manner, or duration under which an individual can perform a particular major life activity as compared to the condition, manner, or duration under which the average person in the general population can perform that same major life activity.

**Fair Housing Need Defined**

Under Fair Housing laws, a person requesting a reasonable accommodation or modification must demonstrate the necessity of the requested accommodation or modification. Courts have held that any accommodation or modification requested must be proximately related to the limitation faced by the disabled person. To preliminarily establish necessity, the disabled individual must demonstrate that the requested accommodation or modification, if effectuated, would ameliorate the alleged limitation the disabled individual endures in the use or enjoyment of his dwelling. In simple terms, the accommodation or modification must serve a disability-related need, i.e. lessen the impact of the disability.

**QUESTIONS FOR PERSON PROVIDING DOCUMENTATION**

Depending on the information provided, we may require additional information. If we do, we will contact you promptly. **NOTE TO PROVIDERS:** The person making the request has executed a Medical Release granting us permission to discuss this matter with you. We never seek to discuss or request information regarding the PMR’s specific medical history, medical condition, or diagnoses. Accordingly, **PLEASE DO NOT** provide such information to us.

**Note about form:** This form (PDF) was designed to be completed by typing the answers (clicking with a mouse) on a computer. If you complete this form by hand, and need additional space, please write at the end of the form, and attach any additional pages. Identify answers to questions by using number sign (#) and number. For example, text following #3 is in answer to question 3.

1. Is the PMR disabled as defined above? [  ] Yes [  ] No
  
2. Based on the applicable legal requirements set forth above, in your professional opinion, does the PMR need an ESA in order to have the same opportunity that a non-disabled individual has to use and enjoy the apartment or community?  
[  ] Yes [  ] No
  
3. If you answered “yes” to questions 1 and 2, what are your opinions based upon? In other words, please describe how (methodology utilized) you came to the conclusions that the PMR is disabled as defined above, and has a disability-related need for an ESA(s)? *(continued on next page--if necessary, please feel free to attach an additional page or any other information you consider pertinent).*

---

---

---

**REIDSVILLE HOUSING AUTHORITY ESA REASONABLE  
ACCOMMODATION REQUEST FORM**

(Please Write Legibly if Completed by Hand to Avoid Delays)

3. (Continued): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Have you seen or observed the PMR with the animal(s) being requested? [ ] Yes [ ] No

7. How long have you or did you treat or provide services to this person (PMR)? \_\_\_\_\_  
\_\_\_\_\_

8. Is your relationship [ ] Clinical or [ ] Forensic

9. If forensic, did the PMR engage you for the sole purpose to provide a disability opinion to support their request for an ESA? [ ] Yes [ ] No

10. If forensic, how much total time did you spend on the PMR's assessment? \_\_\_\_\_

11. If forensic, how many forensic opinions that an individual meets legal requirements to have an ESA do you issue on a yearly basis? \_\_\_\_\_

12. Are you licensed in the State of Georgia? [ ] Yes [ ] No Georgia License No. \_\_\_\_\_

13. Did you meet with the PMR in-person in reaching your opinions? [ ] Yes [ ] No

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

Print Name: \_\_\_\_\_ Email: \_\_\_\_\_

Direct Phone #: \_\_\_\_\_

**\*NOTE TO PROVIDER (PPD): Failure to provide your direct contact information may delay the determination of this request if we are unable or have difficulty contacting you to have a dialog about the PR's request.**

**REIDSVILLE HOUSING AUTHORITY ESA REASONABLE ACCOMMODATION REQUEST FORM**

(Please Write Legibly if Completed by Hand to Avoid Delays)

**TO THE PMR OR PROSPECTIVE PMR:**

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

**RELEASE:** By signing below, I acknowledge that I have carefully reviewed the foregoing Reasonable Accommodation or Modification Request Form, that the information contained therein is accurate, and that the request for a reasonable accommodation or modification as set forth above is the exact request that I have made of the property or landlord. 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. There are circumstances, which would require the community to verify information that is up to 5 years old, which would be authorized by me on a separate consent, attached to a copy of this consent.

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

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

