2101 W 41 Street, Ste 111, Sioux Falls, SD 57105
PH: 605-271-4663 FX: 605-271-0278
EMAIL: info@charismaproperties.com

# REQUEST FOR A REASONABLE ACCOMMODATION (ANIMAL)

DATE: _____

TO: _____ FROM: _____

ADDRESS: _____ CITY, STATE, ZIP: _____

Email: _____ TEL: _____ FX: _____

## ACCOMMODATION REQUESTED

Number of assistance animal(s) being requested as part of this reasonable accommodation: _____
Type(s) of assistance animal(s) being requested: _____

Mr./Ms. _____, date of birth _____, has applied for residency or resides at _____. As part of our processing, it is necessary to obtain verification of his/her request for a reasonable accommodation involving an assistance animal(s). Please complete the section below and return it to our office. Thank you for your prompt response.

## RELEASE STATEMENT

I hereby authorize the above-named Management Agent/Owner to make inquiries regarding my request for a reasonable accommodation involving an assistance animal(s).
SIGNATURE: _____ DATE: _____

## *THE FOLLOWING TO BE COMPLETED BY INFORMATION PROVIDER*

## DEFINITION OF AN INDIVIDUAL WITH A DISABILITY

Under Title VIII of the Civil Rights Act of 1968, as amended (the Fair Housing Act), and Section 504 of the Rehabilitation Act of 1973 (Section 504), an individual with a disability is a person who 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.
Major life activities include, but are not limited to, walking, talking, hearing, seeing, breathing, learning, performing manual tasks, and caring for oneself.

## INFORMATION REQUESTED

1. Is the household member an individual with a disability as defined above? _____ Yes _____ No
2. Is there a relationship between the individual's disability and the requested assistance animal(s)? _____ Yes _____ No
3. If yes, please describe the relationship between the individual's disability and the assistance provided by the requested assistance animal(s):

_____

_____

4. Is the requested assistance animal(s) necessary for the individual to have an equal opportunity to use and enjoy the dwelling?
_____ Yes _____ No

## IF MORE THAN ONE ASSISTANCE ANIMAL IS BEING REQUESTED:

5. Does the individual have a disability-related need for each of the assistance animals being requested? _____ Yes _____ No
6. Please provide information sufficient to verify the disability-related need for each requested assistance animal and how each animal assists the individual in using and enjoying the dwelling:
Animal #1: _____

Animal #2: _____

Animal #3: (if applicable): _____

Additional information may be attached if necessary.

_____

## *INFORMATION PROVIDER CERTIFICATION*

I certify that the above information is true and correct to the best of my knowledge.
SIGNATURE: _____ DATE: _____

PRINTED NAME: _____ TELEPHONE: _____

Provider License Number: _____ Practice Name: _____

Is this individual currently under your care? _____ Yes _____ No

Date of last professional interaction with the individual: _____