

Application / Request for Reasonable Accommodation Form B

To be completed by applicants health care provider if the disability – related need for an assistance animal (service animals, emotional support animals, therapy animals, companion animals, or support animals) is not readily apparent to or already known by Landlord.

Does the applicant have a physical or mental impairment that substantially limits one or more major life activities?

_____ Yes _____ No

Is an assistance animal required to work, provide assistance, perform tasks or services to relieve the applicant’s physical or mental impairment, or to provide emotional support that alleviates one or more of the identified symptoms or effects of the applicant’s existing physical or mental impairments?

_____ Yes _____ No

If you answered “yes” please explain what disability-related assistance or emotional support he assistance animal provides to alleviate one or more of the identified symptoms of effects of an existing disability. If the disability is not obvious, housing providers may request that a health care provider verify the disability. Health care providers are not required to provide descriptive details about the disability or the specific diagnosis.

Health Care Provider Signature: _____

Date: _____

Business Address:

*Phone number:

Email Address:

*By providing your phone number, you agree to receive text messages from Vooch Investments LLC DBA VP Management regarding general communications and updates. Reply STOP to opt-out anytime. Message and data rates may apply. For mor information please read our Privacy Policy and Terms of Service available at www.VP-Management.com