**ABC HOMEOWNERS ASSOCIATION**

**REASONABLE ACCOMMODATION REQUEST FORM**

Date of Request: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**HOMEOWNER INFORMATION**

|  |  |
| --- | --- |
| Name |  |
| Address |  |
| Contact Information |  |

**STATEMENT OF DISABILITY**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,\_\_\_\_\_\_\_\_\_\_\_, am a person with disability as defined by the Fair Housing Amendments Act of 1988. I require the assistance of a service animal to help me cope with the functional limitations of my disability. A service animal is necessary to afford me the equal opportunity to use and enjoy my property and the facilities of the \_\_\_\_\_\_\_\_\_\_\_ Homeowners Association.

|  |  |
| --- | --- |
| Type of Service Animal |  **⬜**Dog **⬜** Cat **⬜** Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Breed  |  |
| Size and Weight |  |
| Gender | **⬜** Male **⬜** Female |

**REQUEST OF REASONABLE ACCOMMODATION**

|  |
| --- |
| I request the \_\_\_\_\_\_ Homeowners Association to waive the: |
| **⬜** No Pet Policy **⬜** Pet Restrictions on Breed or Size **⬜** Pet-Related Fees**⬜** Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

I have attached the additional documentation to provide further information on my disability and my need for a reasonable accommodation.

|  |
| --- |
| **⬜** Picture of Service **⬜** Letter from Medical Provider **⬜** Other: \_\_\_\_\_\_\_\_\_\_\_\_ |

I wish to be informed of the status of my request for reasonable accommodation (service animal) through: **⬜** Phone **⬜** Email **⬜** Text **⬜** In Person **⬜** Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name and Signature of Applicant

**Received By**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_