REASONABLE ACCOMMODATION REQUEST VERIFICATION

DATE _____

TO _____
Community Association Name

_____
Community Association's Address

Re: REQUEST FOR ACCOMMODATION

Member's/Tenant's Name_____

Address _____

I am requesting that the community association accommodate my disability by (state nature of accommodation request):

_____

_____

I hereby authorize my medical provider to fill out the questions below so that the Association can perform its due diligence to determine if I have a disability and if the accommodation requested is necessary to accommodate my disability.

SIGNATURE_____ DATE_____

INFORMATION REQUESTED FROM MEDICAL PROVIDER

1. Do you have a sufficient basis of knowledge derived from both your profession and your evaluation of the member's condition to determine whether the member is disabled and needs the requested accommodation? ☐ Yes ☐ No

2. Is member named above disabled as defined below? ☐ Yes ☐ No

3. In your professional opinion, does member named above need the accommodation requested in order to have the same opportunity that a nondisabled individual has to use and enjoy their home? ☐ Yes ☐ No

4. If you answered "yes" to question number 2, can the member'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_____

HEALTH CARE PROVIDER'S SIGNATURE_____

MEDICAL LICENSE # (IF PHYSICIAN)_____ DATE_____