

FORM A: APPLICATION FOR REASONABLE ACCOMMODATION

Complete this form if you have a disability and would like to request an accommodation. If you require assistance completing this form, or wish to make this request orally, please contact _____ at _____.

Name: _____

Address: _____

Telephone: _____ E-mail: _____

Person requesting accommodation (if different from resident). Indicate relationship to resident:

1. Please describe the reasonable accommodation you are requesting:

2. Please explain why this reasonable accommodation is needed. You need not provide detailed information about the nature or severity of the disability.

3. If you are requesting permission to have an assistance animal in your apartment, please complete the following:
 - (a) Is it readily apparent that the assistance animal is a trained service animal (for example, an animal trained to assist you with a visual impairment or similar disability)?
 Yes No
 - (b) If your answer to 3(a) above was No, please complete the following:
 - i. Type of animal: _____
 - ii. Is the animal required because of a disability? Yes No
 - iii. Does the animal perform work or do tasks for you because of your disability?
 Yes No

Iowa Civil Rights Commission Sample Policy

IF THE ANIMAL PERFORMS WORK OR TASKS FOR YOU, PLEASE PROVIDE THE FOLLOWING:

- (1) A statement from a health or social service professional indicating that you have a disability (i.e., you have a physical or mental impairment that substantially limits one or more major life activities). You may use, but are not required to use, Form B.
- (2) An explanation of how the animal has been trained to do work or perform tasks that ameliorate one or more symptoms or effects of your disability or, if the animal lacks individual training, how animal is able to do work or perform tasks that ameliorate one or more symptoms or effects of your disability.
- (3) Please provide proof of current vaccination and/or license for the assistance animal requested

IF THE ANIMAL DOES NOT PERFORM WORK OR DO TASKS FOR YOU, BUT PROVIDES EMOTIONAL SUPPORT OR AMELIORATES ONE OR MORE EFFECTS OF YOUR DISABTLTIY, PLEASE PROVIDE THE FOLLOWING:

- (1) A statement from a health or social service professional indicating: (a) that you have a disability; (b) the animal would provide emotional support or other assistance that would ameliorate one or more symptoms or effects of your disability; and (c) how the animal ameliorates the symptoms or effect(s). You may use, but are not required to use, Form B.
 - (2) Please provide proof of current vaccination and/or license for the assistance animal requested
4. If you are requesting a different modification or accommodation, please describe it here:

Please note, your request will be reviewed and a response issued to you within two weeks. Additional information may be requested before an approval can be issued.

Applicant Signature: _____

Date: _____