
4129 W. MILKY WAY, CHANDLER ARIZONA 85226 • PH: 480.838.3500 • FAX 480.838.4817

REASONABLE ACCOMMODATIONS VERIFICATION FORM
(To be filled out by Health Care Provider)

Doctor or Health Care Provider Name: _____

Provider's Company Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____

Patient's Name: _____ Date of Birth: _____

I hereby declare, under penalty of perjury, that the following statements are true and correct to the best of my knowledge:

Above listed Patient is currently under my professional care.

My Profession title is: (ie, Medical Doctor, Psychologist, etc.)

I am also certified in the following medical specialties, if any:

The Federal Fair Housing Act defines a disabled person as one who has "(1) a physical or mental impairment which substantially limits one or more of such a person's major life activities, (2) a record of having such an impairment, or (3) being regarded as having such impairment."

I hereby certify that Patient is a disabled person pursuant to the above definition from the Fair Housing Act.

I also certify that the Patient has a disability-related need for a service animal to assist with the day-to-day functional limitations relating to the disability.

The animal required for this assistance is: (list animal type, size, breed, etc.):

Signature of Care Provider

Date

Printed Name of Care Provider

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SERVICE/ASSISTIVE ANIMAL ACCOMODATION REQUEST
(To be filled out by Applicant)

Date: _____

Applicants Name: _____

Rental Address Applying for: _____

Dear PRS Property Management,

I have a disability as defined by the fair housing laws. I use a service/assistance animal to assist me with the functional limitations related to my disability. My service/assistance animal enhances my ability to live independently, and to use and enjoy my dwelling fully.

Type of service/assistance animal (dog, cat, etc.): _____

As an accommodation for my disability, I request that you waive your "no-pet" policy, waive your pet weight / height restrictions and waive your pet deposit/rents.

I have attached a letter from my doctor or other medical professional, or other qualified third party who, in their professional capacity, has knowledge about my disability and my need for a reasonable accommodation. The letter verifies that I have a disability as defined in the fair housing laws, and that I have a disability-related need for a service animal.

Signature of Applicant

Printed Name of Applicant