



**TPM, Inc.**

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## Emotional Support Animal Reasonable Accommodations Request

Definition of Disabled: Under federal law, an individual is disabled if he/she has a physical or mental impairment that substantially limits one of more life activities: has a record of such impairments, or is regarded as having such impairment (Utah Apartment Association).

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 infections, mental retardation, emotional illness, drug addiction, and alcoholism. This definition does not include any individual who is a drug addict and currently using illegal drugs or alcohol or an alcoholic who poses a direct threat to property or safety because of alcohol use (Utah Apartment Association).

Property Name \_\_\_\_\_  
Type of Unit \_\_\_\_\_ Property Address \_\_\_\_\_  
Applicant Name(s) \_\_\_\_\_  
Name of disabled person requesting accommodation \_\_\_\_\_  
If applicant is a minor or child, state your relationship \_\_\_\_\_  
Please describe disability or need \_\_\_\_\_

Briefly explain the accommodation requested \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Health Care Provider \_\_\_\_\_ Phone or Fax Number \_\_\_\_\_

### PLEASE OBTAIN THE FOLLOWING INFORMATION AS PART OF THE APPLICATION PROCESS

#### Health care Provider Information

(To be filled out by a qualified local health care provider and/or local principle physician) The above listed person has requested that their landlord provide the specified accommodation. I understand that the landlord is required by law to provide reasonable accommodations to disabled persons that will provide them with equal opportunity to use and enjoy their unit and/or common areas. I also understand the landlord does not need to provide an accommodation when the request is a matter of convenience or preference only.

I, \_\_\_\_\_, certify that \_\_\_\_\_, is disabled as the term is defined above. I further certify that the requested accommodation is necessary for the individual to fully enjoy their rental dwelling and/or common areas as any non-disabled person would. My professional relationship to individual: \_\_\_\_\_. This professional relationship has existed for (please check one); \_\_\_\_ less than one year, \_\_\_\_ longer than one year.

Note: THIS INFORMATION WILL BE VERIFIED AND WILL BE UPDATED YEARLY.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Print Name \_\_\_\_\_  
Professional Title \_\_\_\_\_ Daytime Phone \_\_\_\_\_  
Office Address \_\_\_\_\_ Office Phone \_\_\_\_\_

As applicant for the above specified accommodation, I declare all information listed above is accurate and true.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Print Name \_\_\_\_\_ Date \_\_\_\_\_

<b>FOR OFFICE USE ONLY</b>	Date Verified _____	Verified by _____
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