

## Medical Certification for Request for Reasonable Accommodation

This person has made a request for reasonable accommodation or modification. Persons making such a request under fair housing laws must establish that they are “disabled” within the meaning of those laws and demonstrate that the reasonable accommodation or modification is necessary for the disabled person to have an equal opportunity to use and enjoy his or her property. In order to properly evaluate the request, the homeowners association operating the community needs the following information from this person’s health care provider.

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Patient’s Name: \_\_\_\_\_

Name of physician/practitioner: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone number: \_\_\_\_\_

[The responses to the following inquiries will only be reviewed by the association’s board of directors and their management and legal counsel and will not become available for inspection by other residents in the community.]

Please describe the patient’s physical or mental disability:

Please indicate the major life activity(s) substantially limited by the patient’s disability (e.g. sleeping, eating, socializing, walking, talking, hearing, seeing, etc.):

Please describe the proposed reasonable accommodation/modification.

Please state whether there are any alternatives to the proposed reasonable accommodation above which will permit the patient to have an equal opportunity to use and enjoy his/her property:

Please describe how allowing the patient the reasonable accommodation/modification accommodates his/her disability and allows him/her to have an equal opportunity to use and enjoy his/her property, and whether and how this would be jeopardized without allowing reasonable accommodation/modification:

Please summarize how long you have been evaluating the patient for the above-described impairment, and, if more than two (2) years, how frequently within the last two (2) years, including the last time the patient consulted with you regarding the need for a reasonable accommodation/modification:

Please provide a summary of your education and/or experience, including specializations or certifications (if any), which qualifies you to make the recommendation for a reasonable accommodation/modification.

My responses to the above referenced questions are truthful and accurate to the best of my knowledge and belief.

Print Name: \_\_\_\_\_

Date \_\_\_\_\_