



TPM, Inc.

2230 N University Parkway Suite 7A Provo UT 84604

“total property management” SINCE 1976

PHONE: (801) 375-6719 · FAX: (801) 375-6732

WEB SITE ADDRESS: www.tpmrents.com

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

Signature _____ Date _____
Print Name _____ Date _____