

**CERTIFICATION OF A NEED FOR A REASONABLE ACCOMMODATION.**  
**XYZ HOMEOWNERS ASSOCIATION**

Resident Name: \_\_\_\_\_

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

1. Name, address, and business telephone number are as follows (information of qualified professional who is completing this form):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. I am a duly licensed physician or medical professional in Nevada, and my license number is:

\_\_\_\_\_

3. I am certified in the following Medical Specialty(ies), if any:

\_\_\_\_\_

4. Please specify the approximate amount of time that you have been treating the resident.

\_\_\_\_\_

Please complete the following information as it applies to the above-named resident:

The Fair Housing Act defines a "person with a disability" to include (1) individuals with a physical or mental impairment that substantially limits one or more major life activities; (2) individuals who are regarded as having such an impairment; and (3) individuals with a record of such an impairment.

5. I am familiar with the residents history and with the functional limitations imposed by his/her disability.     Yes     No

6. In my considered professional opinion, the resident meets the definition of a person with a disability under the Fair Housing Act.     Yes     No

7. If you have answered yes to number 5 and 6 above, please describe the nature of the resident's disability and for about how long the resident has been impaired by said disability.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Please describe how the resident's disability substantially limits one or more major life activities.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. Please describe the needed accommodation.

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10. Please describe and show the relationship between the resident's disability and the need for the requested accommodation.

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11. Are there any other alternative methods, procedures, medication, etc. that you can suggest addressing this matter: For example, if the resident is requesting to have a cat, would another animal, such as a dog, suffice if we find that an adjoining resident has allergies to cats, etc. and has already asked for an accommodation?

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12. I understand that this information is solely for the use of the above-named association in evaluating a request for accommodation made by the resident, that it will be kept confidential and will be provided only to authorized representative of the above named association who periodically may need to verify and re-validate that this information is still correct and a tribunal of competent jurisdiction should a dispute arise in regard to this request and a complaint is filed by the resident against the association in regard hereto.

Please initial/check the applicable statement(s) below:

I **do not believe** the resident requires a change to the rules, regulations, policies and procedures as a result of his/her disability to have an equal housing opportunity. [  ]

I **verify** that the above request for a change to the rules, regulations, policies, and procedures is necessary for the above named person, as a result of his/her disability, to have an equal housing opportunity. [  ]

I **cannot verify** that the above request for a change to the rules, regulations, policies, and procedures are necessary for the above named person, as a result of his/her disability, to have an equal housing opportunity. [  ]

***[Please feel free to attach another page(s) to supplement any responses above]***

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Title of Physician or Medical Professional: \_\_\_\_\_

**Important Note: Please have any form or resolution in this area approved by legal counsel to ensure proper and appropriate questions are asked.**