



**ASSISTANCE/ ESA ANIMAL  
VERIFICATION FORM**

Name of Physician or other professional: \_\_\_\_\_

Title: \_\_\_\_\_

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

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Please return this form **within 7 days** to:

Meadows Crossing  
10745 48th Avenue, Suite B-100  
Allendale, MI 49401  
Attn: Karen Kilmer, Property Manager  
E-mail: karen@meadowscrossing.net  
Phone: 616-892-2700

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**Authorization for Release of Information**

Date \_\_\_\_\_

Resident/Applicant Name: \_\_\_\_\_

Resident/Applicant Address: 10745 48<sup>th</sup> Ave Unit # \_\_\_\_\_, Allendale MI 49401.

Name of Person Needing Accommodation/Modification: \_\_\_\_\_

I authorize the above physician or other professional to provide the information requested in this verification form, as well as any additional information necessary to help verify the need for an assistance animal. I understand that I have the right to revoke this authorization at any time by sending written notification to the above physician or other professional. Written revocation will be effective upon receipt, but will not apply to information already released in response to this authorization. I understand that once medical information is used or disclosed pursuant to this authorization, it may be subject to re-disclosure or release and may no longer be protected by federal or state law.

Resident/Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Meadows Crossing provides reasonable accommodations to our residents with disabilities who have a verifiable need for the reasonable accommodation, unless it would be an undue hardship to do so. Since Meadows Crossing apartment units are commonly shared with other residents ("Roommates"), any accommodation is subject to the approval of the "Roommates".

Under federal law, an individual is disabled if he or she has a physical or mental impairment that substantially limits one or more major life activities. The term "substantially limits" suggests that the limitation is "significant" or "to a large degree." The term "major life activity" means those activities that are of central importance to daily life, such as seeing, hearing, walking, breathing, performing manual tasks, caring for one's self, learning, and speaking.

A reasonable accommodation is a change to any policy, practice or procedure that is not unduly burdensome and is both reasonable and necessary in order for the resident to have an equal opportunity to use and enjoy their housing. **Please note that such accommodations must be necessary, not just desirable.** Making an exception to a no-pet policy can be a reasonable accommodation if it is necessary for a resident to use an assistance animal. **An assistance animal is not a pet. It is an animal that works, provides assistance, or perform tasks for the benefit of a person with a disability.** Meadows Crossing is not required to and does not provide an accommodation when the request is a matter of convenience or preference only.

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**This portion to be completed by physician or other health care professional.**

In accordance with the signed authorization provided on this form, please complete the following:

1. As a medical or other professional with the knowledge necessary to make a determination, I am able to advise that the above individual qualifies as an individual with a disability as defined above.

YES

NO

I DON'T KNOW

If you answered yes, how long have you been familiar with the above individual's disability?

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Please state the date of last contact with the above individual concerning his or her disability:\_\_\_\_\_.

2. Please describe in what manner this disability restricts the above individual in activities that are of central importance to his or her daily life.

NOTE: Please only provide information concerning the nature or severity of the disability to the extent it is necessary to demonstrate that there is a relationship between a disability verified by a "yes" response to question 1., above and the need for the proposed assistance animal. Please do not otherwise provide information as to the nature or severity of the disability.

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3. The above individual has requested to have an assistance animal live in a unit that is commonly-shared with a group of other unrelated residents. Do you believe that the above individual's disability makes it **necessary** for him/her to have an assistance animal in order for him/her to have an equal opportunity to use and enjoy his/her housing?

YES

NO

I DON'T KNOW

If you answered yes, please describe how the assistance animal works, provides assistance, performs tasks/services and/or provides emotional support that alleviates the above individual's disability.

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4. Please list any alternative accommodations that you believe could satisfy the above individual's disability-related needs if Meadows Crossing is unable to grant the individual's request to have an assistance animal live in a unit that is commonly-shared with a group of other unrelated residents (e.g, other residents in the commonly-shared unit have medical concerns that do not allow for an animal to live in the unit).

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5. Please provide any other comments that you believe would be helpful to assist in the evaluation of the above individual's request.

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6. The information contained on this form could become relevant in subsequent legal proceedings. If necessary, would you be willing to testify in a court of law concerning the information provided on this form?

YES

NO

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**CERTIFICATION:** I certify that the information provided above represents my professional judgment and is true and complete to the best of my knowledge and belief.

\_\_\_\_\_  
Signature of Physician or Other Professional

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

\_\_\_\_\_  
Name of Physician or Other Professional

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**WARNING:** Title 18, Section 1001 of the U.S. Code makes it a criminal offense to make false or fraudulent statements or misrepresentations to any department or agency of the United States, including the Department of Housing and Urban Development, as to any matter within its jurisdiction.