

# Emotional Support Animal Housing Request Form

Please complete this form to request a reasonable accommodation for an Emotional Support Animal (ESA) in your housing unit. This form is designed to be printed and filled out or completed digitally before printing.

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## 1. Applicant / Tenant Information

Full Name:

Current Address:

Unit/Apartment Number:

Phone Number:

Email Address:

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## 2. Housing Provider / Landlord Information

Landlord or Property Manager Name:

Company Name (if applicable):

Property Management Address:

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## 3. Emotional Support Animal (ESA) Information

Animal Type (e.g., Dog, Cat, Rabbit):

Breed (if known):

Size / Weight:

Animal Name (if applicable):

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## 4. Health Care / Mental Health Professional Information

Please provide the details of the licensed professional who has provided documentation supporting your need for an ESA.

Professional's Name:

Professional Title (e.g., Therapist, MD):

License Type and Number:

State of Licensure:

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## 5. Acknowledgements and Signatures

By signing below, I certify that the information provided in this request is true and accurate to the best of my knowledge. I understand that my housing provider may verify the authenticity of the attached ESA documentation with the licensed professional listed above.

Applicant / Tenant Signature:  Date:

*\* Please attach the ESA documentation letter from your licensed professional to this form before submitting it to your housing provider.*