

Housing Accommodation Verification Form

To be completed by Resident:

Resident Name: _____ Student ID#: _____

Relationship to Student: _____

Telephone#: _____ Email: _____

Housing Accommodation Request: _____

Resident Signature: _____

This signature authorizes the verifier below to provide answers to the questions to the best of his/her knowledge of this resident, solely for the purpose of determining the disability-related need for the housing accommodation requested.

To be completed by Licensed Healthcare Professional:

1. Is the resident a person with a disability (defined as having an impairment that limits one or more major life activities for longer than 6 months)? You do *not* need to provide detailed information about the nature or severity of the specific disability. YES NO

2. Please describe how this disability restricts or limits the resident in conducting one or more major life activities:

3. Does the student require the above requested accommodation to have an equal opportunity to use and enjoy their housing? YES NO

4. If yes, please describe the connection between the current limitations and the requested accommodation in order for the resident to have an equal opportunity to use or enjoy their housing:

Name of Physician or Certified/Licensed Professional: _____

Organization: _____ Title: _____

Phone Number: _____ License or Certification #: _____

*I verify that the above information is complete and accurate to the best of my knowledge and certify based upon professional ethics that I am not related to this resident.

Signature: _____ Date: _____

Please attach business card at top.



UCI Disability Services Center
 100 Disability Services, Building 313
 Irvine, CA 92697
 Phone 949.824.7494 Fax 949.824.3083

Application for Reasonable Accommodations for University Housing

If you require assistance completing this form, or wish to make the request orally, please contact the Disability Services Center at 949-824-7494. UCI will keep a record of all requests.

Student Name: _____	Student ID# _____
Housing Community: _____	Unit #: _____
Email: _____	Phone: _____
Person Requesting Accommodation: _____	
Relationship to Student: _____	

Accommodation Request:

- I am a person with a disability (defined as having an impairment that limits one or more major life activities for longer than 6 months). You do not need to provide detailed information about the nature or severity of the disability. YES NO
- I require the following housing exception because of my disability:
 - Animal
 - Physical Change to Unit
 - Other _____
- In order to have an equal opportunity to use or enjoy University Housing, please describe the connection between your current limitations and the requested accommodation. (You do not have to disclose your specific disability).

Signature: _____ Date: _____

Application for Reasonable Accommodations for University Housing – Assistance Animals

If you are requesting permission to have an assistance animal in University Housing please answer the following:

A. Type of Animal (for example, dog or cat): _____

Breed: _____ Age _____

B. Is the animal required because of a disability? YES NO

C. Has the animal for which you are requesting an accommodation for been trained to perform work or do tasks for you because of your disability? YES NO

Service Animals

If the answer to “C” is YES:

Please provide a statement from your licensed healthcare provider:

- Stating that you have a disability (i.e. you have a physical or mental impairment that substantially limits one or more major life activity for longer than six months): **and**

- Verify that the animal performs tasks that ameliorate one or more symptoms or effects of your disability.

Emotional Support Animals

If the answer to “C” is NO:

Please provide a statement from your licensed healthcare provider:

- Stating that you have a disability (i.e. you have a physical or mental impairment that substantially limits one or more major life activity for longer than six months): **and**

- Verify that the animal would provide emotional support or other assistance that would ameliorate one or more symptoms or effects of your disability and the symptoms that the animal helps alleviate.

You may use the Housing Accommodation Verification Form, however it is not required. You may also have your licensed healthcare provider write a letter that provides the above information.

The Disability Services Center does not accept letters from the numerous online companies who (in exchange for a fee) purport to offer verification or certification of the need for an emotional support animal.

Please note that UCI may deny a request to allow an assistance animal in housing if the animal poses a direct threat (i.e. a significant risk of substantial harm) to the health or safety of other individuals that cannot be eliminated or reduced to an acceptable level by another reasonable accommodation; if the requested animal is not housebroken; is not fully immunized; or if the animal would cause substantial physical damage to the property of others that cannot be reduced or eliminated by another reasonable accommodation. UCI will base such a determination only upon reliable, objective evidence of the specific animal’s actual behavior or conduct and not on speculation or fear about the types of harm or damage an animal may cause.

Application for Reasonable Accommodations for University Housing

If you are requesting housing accommodations *other than an animal*, please fill out the form below:

Physical Space Changes:

If you are requesting a physical change to the **interior** of your assigned unit, please describe the needed modifications:

If you are requesting a physical change to the **exterior** of your assigned unit or to community common areas, please describe the needed modification:

Other Accommodation Requests: (Please Describe)