

VERIFICATION OF DISABILITY AND NEED FOR ACCOMMODATION

Dear Health Worker/Resource:

Your client/patient, _____ is an owner/guest in The Aspen Mountain Residences Condo Association, Inc. ("Association"). He/she has asked to be allowed to bring a service animal into the community.

Although this is usually not allowed under the governing documents for Association, federal and Colorado law requires us to consider the request if he/she meets the standards outlined below, and the accommodation or modification requested may allow him/her to have the opportunity to use and enjoy the housing equal to that of a person without a disability.

Under such laws, an individual is disabled if he/she: 1) has a physical or mental impairment which substantially limits one or more major life activities; 2) has a record of having such impairment; or 3) is regarded as having such an impairment.

Your client/patient has given us written consent to contact you for verification that he/she is disabled and needs the accommodation or modification requested. (See consent at the end of this form.) We would appreciate it if you would fill out this form and return it to us.

I, _____ [print name], certify that I am personally familiar with, and/or have examined _____ and have determined that, based upon my actual knowledge and/or in my professional opinion, he/she qualifies as a person with a disability as defined under applicable law, with a physical or mental impairment which substantially limits one or more of his/her major life activities.

Yes: _____ No: _____

If yes, describe/explain the client/patient's impairment (as it relates to his/her request): _____

Which major life activities are substantially limited by the impairment? (Check one or more.)

- | | |
|-------------------------------|--------------------------------|
| Caring for him/herself: _____ | Performing manual tasks: _____ |
| Walking: _____ | Seeing: _____ |
| Speaking: _____ | Breathing: _____ |
| Learning: _____ | Working: _____ |

Other (explain): _____

Further, I hereby verify that, in my professional opinion, the client/patient's request to be allowed to _____ is related to the disability and may be necessary in order

to provide the same opportunity for the client/patient to use and enjoy his/her housing as a non-disabled person:

Yes: _____ No: _____

If applicable, my type of profession/practice is: _____

If applicable, License #: _____

My business address is: _____

Phone: _____

If I am not a licensed Health Worker/Resource, I am in a position to know about the individual's disability and verify such disability based upon the following facts:

_____.

My business address is: _____

Phone: _____

Reason why the animal is necessary for the disability:

_____.

Additional Comments or Explanation.

_____.

(Signature)

(Date)

The client/patient has given his/her permission to obtain this verification as follows:

I hereby give consent for the Association's managing agent to obtain verification of my disability and need for an accommodation from my health worker/resource.

(Resident signature)

(Date)