



Reasonable Accommodation Request for Randy

Prepared for a Denver housing provider | September 24, 2026

HOUSING PROVIDER OR PROPERTY MANAGER

PROPERTY ADDRESS

DATE SUBMITTED

RESIDENT

ANIMAL

Request

I, Josue Nieves, request a reasonable accommodation to live with Randy, my dog, as an assistance animal. Randy provides disability-related emotional support that is necessary for my equal opportunity to use and enjoy my dwelling.

I ask that the housing provider engage in the interactive accommodation process and make the applicable exception to pet restrictions, deposits, fees, or similar rules. This request does not ask the provider to waive lawful responsibilities for Randy's care, conduct, or damage caused by the animal.

Supporting information

If my disability or disability-related need is not readily apparent, I can provide reliable information from a health care professional who has personal knowledge of me. The optional provider page in this packet is included for convenience; a housing provider may not require a specific form or diagnosis.

Resident statement

I understand that this owner request and any VirtuaPet animal record are not an ESA certificate. I will submit this request only if the statements above are accurate and will provide truthful supporting information if reasonably requested.

RESIDENT EMAIL

RESIDENT PHONE

RESIDENT SIGNATURE

SIGNATURE DATE

This page is the resident's request. It is not a medical opinion, diagnosis, registration, or certification.



Health Care Professional Supporting Information

For independent professional completion when documentation is appropriate

To the health care professional: Complete this page only after your own professional assessment and only if the statements are accurate. Do not provide a diagnosis or detailed medical history. This worksheet is not a certificate and VirtuaPet has not evaluated the resident's disability-related need.

PROFESSIONAL NAME**PROFESSIONAL TITLE****LICENSE OR CREDENTIAL NUMBER****LICENSING STATE****PRACTICE OR ORGANIZATION****PROFESSIONAL PHONE****PROFESSIONAL EMAIL**

Professional confirmation

- ☐ I have personal knowledge of Josue Nieves through a legitimate professional relationship.
- ☐ Josue Nieves has a disability as defined by applicable fair housing law.
- ☐ Randy provides emotional support that alleviates one or more identified effects of that disability.
- ☐ The animal is necessary for Josue Nieves to have an equal opportunity to use and enjoy the dwelling.

RELEVANT RELATIONSHIP OR CARE PERIOD (NO DIAGNOSIS)**PROFESSIONAL SIGNATURE****SIGNATURE DATE**

References for the housing provider

HUD Assistance Animals: <https://www.hud.gov/helping-americans/assistance-animals>

Colorado Legislative Council: <https://content.leg.colorado.gov/publications/service-and-assistance-animals>

Commercial certificates or registrations do not replace reliable disability-related information when such information may lawfully be requested. The professional remains solely responsible for this assessment.