

Housing Accommodation: Emotional Support Animal Application

Returning Students send completed form by March 1st
Incoming Students send completed form by July 1st

Academic Year: _____

Proposed ESA type of animal and breed: _____

Applicant's Name: _____

Age of animal: _____

Some websites sell certificates, registrations, and licensing documents for assistance animals to anyone who answers certain questions or participates in a short interview and pays a fee. Under the Fair Housing Act, a housing provider may request reliable documentation when an individual requesting a reasonable accommodation has a disability and disability-related need for an accommodation that is not obvious or otherwise known. In HUD's experience, such documentation from the internet is not, by itself, sufficient to reliably establish that an individual has a non-observable disability or disability-related need for an assistance animal. (Excerpt from 2020 HUD Guidance)

The above-named applicant has indicated that you are the professional that has suggested that having an ESA (Emotional Support Animal) in the residence hall will be helpful in alleviating one of more of the effects of the applicant's disability. We will accept documentation from the licensed professionals in the state of Massachusetts or the applicant's home state.

So that we may more effectively engage in the interactive process and evaluate the request for this accommodation, we ask that you answer the following questions:

Section I:

1. What is the applicant's diagnosis and is there an impairment that substantially limits their ability to perform a major life activity?
2. Are you the clinician that is treating this student? **Please provide a description of how you arrived at the diagnosis including any diagnostic tools used.**
3. Please identify if the applicant is using any measure such as medication, treatment, therapy that may mitigate the limitations caused by their impairment?
4. Please describe the level of severity of the symptoms or impact of the applicant's condition.
5. How long have you been working with the applicant regarding their diagnosis?

6. How often do you meet with the applicant?

7. Does the applicant require ongoing treatment?

8. Were you the mental health care provider that suggested having an ESA would assist in this applicant's access?

Section II: Information about the proposed ESA

1. Is this an animal that you have specifically prescribed as part of the treatment, or is it a pet that you believe will have a beneficial effect for the applicant?

2. How long has the applicant had this ESA?

3. Is this ESA a preferred method of treatment? Or is it a complementary method of treatment?

4. What symptoms will be reduced by having an ESA?

5. If the student lived on campus without having an ESA, please explain how they managed their symptoms?

6. Is there evidence that an ESA has helped this applicant in the past or currently?

Section III: Importance of ESA to Applicant's Well-Being

1. Please explain how the accommodation is necessary for the applicant to use campus housing as compared to a person without a disability.

2. What consequences in terms of disability symptomology may result if the accommodation is not approved?

3. Have you discussed the responsibilities associated with caring for an ESA while engaged in college activities and residing in on-campus housing? Will these responsibilities exacerbate the applicant's symptoms in anyway?

Thank you for taking the time to fill this out. If we need additional information we may contact you at a later date. We recognize that an ESA can be a benefit, however due to the nature of on-campus community living, we must carefully consider the impact of the request for an ESA on both the applicant and the community.

Professional Verification and Contact Information

Name and Title: _____

Address: _____

Phone Number: _____

Email Address: _____

Professional Signature: _____

(Typing your name constitutes your electronic signature)

License Number: _____ Date: _____

The signature verifies that it was completed by the licensed professional.