

ASSISTANCE ANIMAL DENIAL NOTICE

THIS ASSISTANCE ANIMAL DENIAL NOTICE, is given on _____, 20____
(“Effective Date”) in accordance with a lease (“Lease”) between _____
_____ (“Landlord”) and _____
_____ (“Tenant/Applicant”) for the lease of Premises: _____
_____.

1. **REQUEST FOR REASONABLE ACCOMMODATION:** Landlord has received
Tenant/Applicant’s Request for Reasonable Accommodation for an Assistance Animal dated
_____, 20__, to _____
_____.

2. **DENIAL:** The purpose of this Notice is to notify you that your request has been denied.

3. **REASON FOR DENIAL:** The following checked item(s) are the reason why this request is
not being approved:

_____ Landlord has been unable to verify that Tenant/Applicant has a disability that
substantially limits one or more major life activities.

_____ Landlord has been unable to verify that the request made reasonably relates to
Tenant/Applicant’s disability.

_____ Landlord has been unable to confirm that Tenant/Applicant have a therapeutic
relationship with your verifier.

_____ Landlord has been unable to verify that the assistance animal is required to either: a)
work, provide assistance or perform services for the requester; or b) provide emotional support
that alleviates one or more of the identified symptoms or effects of the requester’s disability.

_____ If approved, the request would pose an undue financial and administrative hardship on
Landlord.

_____ If approved, the request would result in a fundamental alteration to Landlord’s
operations.

LANDLORD (or duly authorized agent)

_____/_____
Name Date



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