

APPLICATION FOR EMOTIONAL SUPPORT ANIMAL IN UCI HOUSING

This form can be provided in alternate formats upon request. If you need help to complete this form please contact [DSC](#) for assistance.

Name of Resident: _____

Address: _____

Email: _____

Telephone: _____

I, _____ (Resident name), request that UCI allow me to have an Emotional Support Animal in UCI Housing as a reasonable accommodation for my Disability.

or

I, _____ (name), live with my _____ (relationship to me), _____ (Resident name), and I request that UCI allow me to have an Emotional Support Animal in UCI Housing as a reasonable accommodation for my Disability.

Species of requested Emotional Support Animal: _____

Defining size characteristics (i.e. height and weight for a dog): _____

1. Describe the connection between the animal and any of your disability-related needs.
[Use a separate page if you wish]

2. Use the [Health or Social Services Provider Form](#) to provide a statement from a health or social services professional:
 - (a) stating that you have a [Disability](#), and
 - (b) explaining how the animal would provide necessary emotional support that alleviates one or more symptoms of your Disability.