Exhibit B

Verification of Need for a Reasonable Accommodation Form

Dear_____,

On the back of this page is a form signed by_____*[resident's name]* asking you to verify his or her disability and the need for a reasonable accommodation. _____ has requested an exception to the Associations no pet policy to allow an emotional support animal.

State and federal laws require condominium associations to make reasonable changes to policies, practices, procedures to enable a person with a disability to have equal access to, and enjoyment of, the housing. Please note that such changes must be necessary as a result of the person's disability. The Fair Housing Administration provides that a person with a disability is an individual with (1) a physical or mental impairment which substantially limits one or more of such person's major life activities, (2) a record of having such impairment, or (3) being regarded as having such an impairment.

Please indicate on the form whether you believe that this individual has a disability (as defined above) and whether the disability is temporary or permanent. Information should be included demonstrating the relationship between the disability and a statement that the accommodation will achieve its purpose. Please also feel free to add any additional information or suggestions that would be helpful in making the right accommodation for this person. **This form should not be used to discuss any other information that is not directly relevant to the request for an accommodation.**

Please return the form to:
General Manager
Parkside Condominium Association
10520 Montrose Avenue
Bethesda, MD 20814

If you have any questions, please feel free to call the Property Manager at 301-493-5100.

Thank you very much for your assistance.

Sincerely,

Exhibit B

Resident Name: _____

Address:_____

Phone: _____

I have requested the accommodation below and ask that you fill out the following certification.

Signed:_____Date: _____

Certification:
The individual who has signed above has requested the following reasonable accommodation(s) and has requested that you provide verification:

Please indicate here:

a. Do you believe the individual has a physical or mental impairment that limits a major life activity?
   Yes No Permanent Temporary
   Explain: _____
   _____
   _____

b. Do you believe the accommodation is necessary and will achieve its stated purpose?
   Yes No Cannot Verify
   Explain: _____
   _____
   _____

c. Is there any other information that would be helpful in making the right accommodation for this person?
   _____
   _____
   _____
   _____

_____ _____
Signature Date

_____
Title of Physician or Professional

_____
Address

_____
Phone