



**WINDSOR  
MANOR**  
WELCOME HOME

125 East 2<sup>nd</sup> South, Rexburg, ID 83440

[www.WindsorManor.net](http://www.WindsorManor.net)

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## **EMOTIONAL SUPPORT ANIMAL (ESA) REQUEST FORM**

Windsor Manor is committed to supporting tenants with disabilities by allowing Emotional Support Animals (ESAs) when an ESA is necessary for them to be able to use and enjoy their residential living space. The Emotional Support Animal (ESA) Policy applies to all students and explains the specific steps necessary to request an emotional support animal at Windsor Manor.

The American with Disabilities Act (ADA) defines a person with a disability as someone who has a physical or mental impairment that substantially limits one or more major life activities. The three factors influencing a determination of substantial limitation are:

- 1) the nature and severity of the impairment,
- 2) the duration or expected duration of the impairment, and
- 3) whether the impairment is characterized as permanent or long-term.

Students must complete and submit this Emotional Support Animal (ESA) Request Form to the Windsor Manor Office before the semester deadline-(Fa-July 1<sup>st</sup>, Wi-Nov 1<sup>st</sup>, Sp-Feb 14<sup>th</sup>). When the disability and/or need for accommodation is not obvious, students are required to have a treating healthcare provider complete and submit a Health Care Provider Requesting ESA Accommodations Form either mailed or emailed from the provider to [managers@windsormanor.net](mailto:managers@windsormanor.net). This form provides Windsor Manor with reliable documentation that the student has a disability. Documentation must also show that the requested ESA is necessary for the tenant to use and enjoy his/her residential living space; in addition, there must be an identifiable relationship, or nexus, between the requested ESA and their disability. The treating health care provider completing the form must specialize in a field consistent with the diagnosis, as well as be familiar with the student's disability and the necessity for the requested ESA. To avoid any conflict of interest, documentation must be provided by a non-family healthcare provider. Please see the Emotional Support Animal (ESA) Policy for additional information.

## EMOTIONAL SUPPORT ANIMAL (ESA) REQUEST FORM

STUDENT NAME: \_\_\_\_\_

STUDENT DATE OF BIRTH: \_\_\_\_\_

BYUI EMAIL: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

WINDSOR APT/BED: \_\_\_\_\_

EMAIL: \_\_\_\_\_

DATE: \_\_\_\_\_

### PLEASE SUBMIT ANSWERS TO THE FOLLOWING QUESTIONS:

- 1) As defined by the ADA, identify the disability for which you are seeking an ESA. What is the nature and severity of this impairment?
- 2) How long is this impairment expected to last? Is it characterized as permanent or long term? Please explain.
- 3) Describe your requested ESA. What identified symptoms and/or effects of your disability will be alleviated by this ESA?
- 4) Describe how your requested ESA is necessary for you to use and enjoy your living space.
- 5) Have you been approved for an ESA previously?  \_Yes  \_No If yes, how is this request the same or different?

6) How have you scheduled your classes so that your ESA will be properly cared for?

7) Do you agree to train your ESA so he or she will not disrupt nor harm other tenants?

\_Yes \_No

8) Is your ESA trained to only relieve him/herself outside or in a litter box? \_Yes \_No

9) Do you agree to pick up any waste that your ESA deposits on Windsor Premises?

\_Yes \_No

10) Do you agree to prevent your ESA from going in any interior corridors or common areas used by other tenants outside of your apartment? \_Yes \_No

**I confirm that everything I have stated above is true:** \_\_\_\_\_  
(Tenant Signature)

*Please sign and return this completed document to:*

WINDSOR MANOR  
125 EAST 2<sup>ND</sup> SOUTH, OFFICE  
REXBURG, ID 83440

OR EMAIL TO MANAGERS@WINDSORMANOR.NET