



**DISABILITY-BASED ACCESSIBLE HOUSING**  
**EMOTIONAL SUPPORT ANIMAL**  
**APPLICATION - PART 1**  
**To Be Completed By The Student**

A student with a documented Mental Health disability may request an Emotional Support Animal to reside in their residence hall room. **An Emotional Support Animal is not a pet. It is part of a treatment plan prescribed by a treating, qualified clinician.**

**Requests must include the following:**

1. **A letter from the student outlining the reason for the request. You must write a detailed statement** on page 2 of this document, explaining why you will not be able to live in and enjoy the experience of student life in a residence hall without the requested accommodation of your ESA living with you in your room.
2. Your treating physician, diagnostician or a qualified clinician, that is treating you for the disability must document the reason that you detailed in your letter of request by completing the SUNY New Paltz **Disability-Based Accessible Housing Emotional Support Animal Disability Verification Form**. A **qualified clinician** is defined as (including, but not limited to) a psychologist, psychiatrist, social worker, etc., who has provided treatment for the disability. **The Clinician completing the Disability Verification Form must have an established Doctor/Patient relationship of approximately one year with the student in order to establish a history and need for the accommodation.**
3. **By providing the Disability-Based Accessible Housing Verification Form to a qualified diagnostician/clinician(s), the student is granting permission for a member of the Accessible Housing Committee at SUNY New Paltz to contact and consult with that professional regarding the student’s need for the accommodation.**
4. Requests submitted in advance for the following semester will be reviewed at the end of July for Fall semester requests, and at the end of December for Spring semester requests. The review process for requests to bring ESA during the same semester the request is submitted may take two to six weeks.
5. **It should be noted that requests are for an individual, not for a group of students.**
6. **Please Note:** Students **may** need to reapply each academic year and submit updated supporting documentation, as necessary.

**I have read and understand the required procedure as outlined above in items 1-6 above.**

Please type in all fields below except for the signature. Print and sign the document with a pen or use a digital signature. Please type “DK” if you do not know your ID number or campus address.

**Student’s Name:** \_\_\_\_\_ **ID# N** \_\_\_\_\_

**Student’s New Paltz Email Address:** \_\_\_\_\_

**Student’s on-campus Address:** \_\_\_\_\_ **Cell#:** \_\_\_\_\_

**Student’s Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## **Student Letter of Request/Need For Emotional Support Animal**

Dear Members of the Accessible Housing Committee,

My disability(ies) is/are:

and it/they impact(s) my ability to live in a traditional residence hall room assignment in the following ways (you may type as much as necessary. The text resizes automatically as needed to fit inside the boxes):

**The type of ESA that I am requesting is:**

If you currently or have previously lived in a residence hall, please describe the challenges and barriers you faced:

**I understand that assignments are made only if space is available and that my request will be placed on a wait list if no space is available or if my completed request is past the deadline.**

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**Student Signature**

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**Date**

**You will be notified via email (New Paltz Email address) of the Accessible Housing Committee's decision. If approved, you must sign an agreement with Residence Life, outlining the details of the agreement.**