

Assistive/Service/Support/Therapy Animal Request Verification

Date: _____

To: _____
Health Care Provider's Name

From: _____
Property Name

Address: _____

Address: _____

Household Member's Name: _____ Unit #: _____

The household member named above has applied for, or is receiving, federal rental assistance at our site. The household member has requested our permission to keep an animal at the site.

Our lease prohibits households from keeping animals of any kind at the site. However, if an individual with disabilities requests permission to keep an animal at the site, we must consider the request. We must verify that the individual qualifies as "disabled" under federal law and requires the animal in order to have an equal opportunity to use and enjoy the site.

Definition of "Disabled"

Under federal law, an individual is disabled if he/she has a physical or mental impairment that substantially limits one or more major life activities; has a record of such an impairment; or is regarded as having such an impairment.

The term physical or mental impairment includes, but is not limited to, such diseases and conditions as orthopedic, visual, speech, and hearing impairments, cerebral palsy, autism, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, Human Immunodeficiency Virus infection, mental retardation, emotional illness, drug addiction, and alcoholism. This definition doesn't include any individual who is a drug addict and is currently using illegal drugs or an alcoholic who poses a direct threat to property or safety because of alcohol use [24 CFR Part 8.3, and HUD Handbook 4350.3, (Exhibit 2-2)].

We would appreciate your cooperation in answering the questions on this form and returning it to the site manager listed above. Enclosed is a self-addressed, stamped envelope for this purpose. The household member has consented to this release of information, as shown on the next page.

Information Requested

1. Is the household member disabled as defined above? _____ Yes _____ No
2. In your professional opinion, does the requested accommodation above have an identifiable relationship or nexus to the individual's disability? _____ Yes _____ No

If yes, to what extent? _____

Name and Title of Person Supplying Information

Signature

Firm/Organization

Date

Note: If this is a HUD financed property Individual Consent Authorization (FAM form #H004B) must be attached.