

Resident's Request for Assistance Animal

The undersigned does hereby request an assistance animal and does hereby attest and state as follows:

- 1. Handicap Definition:** I am aware of the requirements of the Fair Housing Act and its definitions which include:
“Handicap” means with respect to a person-
 - (1) Having a physical or mental impairment which substantially limits one or more of such person’s major life activities.*
 - (2) Having a record of having such an impairment, or*
 - (3) Being regarded as having such an impairment, but such term does not include current, illegal use of or addiction to a controlled substance.*

- 2. Qualification:** Pursuant to the definition above, I do qualify as an individual with a disability.

- 3. Impairment:** I represent that the requested assistant animal is necessary to provide assistance with my disability.

My primary care physician is Dr. _____ whose phone number is _____.

- 4. Request:** I do hereby request that I be able to reside with an assistance animal at the premises below. I certify that the statements herein are true as provided on the Animal Identification Form and the Medical Request for an Assistance Animal. I agree that the only animal I will keep for this purpose is listed therein and that I will abide by the rules and regulations of the community regarding animals. I understand that I will not have to pay additional costs or fees for the assistance animal but will be responsible for any damage causes. I request that my professional provide verification of the required information to my housing provider to assist in making this determination.

Applicant’s Name _____

Premises Address _____

Dated: _____

Signature of Applicant _____