Resident's Request for Assistance Animal

The undersigned does hereby request as 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 assistance animal is necessary to provide assistance with my disability.			
The anticipated length of thi	s disability is			
My primary care physician i	s Dr whose telephone 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 caused. 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				
Duisu	Signature of Applicant			



© The Law Offices of Kirk A. Cullimore 4/2015 This form may not be reproduced without express written permission.

Verification for Assistance Animal

Name of Person making Request	
A request has been made to allow an assistance a individual. Such request has been made pursuant qualify for an assistance animal exemption to the person making the request <u>must qualify as hand</u>	to The Fair Housing Act. In order to e normal rules of the community, the
limits one or more of such po (2) having a record of having (3) being regarded as having	ntal impairment which substantially erson's major life activities,
Additionally, the assistance animal must assist the pand/or the major life activity	
Much like a prescription, this request is made becassistance animal may be necessary to afford the disabled enjoy the leased premises. With this request and upon ap must allow the animal on the premises and is prohibited f normally charged to persons with pets. Assistance animal determined by competent professionals to be an importan assistance of a disability/handicap.	person an equal opportunity to use and proval, the management of the premises rom charging pet rent or other fees is are not pets but animals that are
Professional's Name:	Telephone number:
I certify that I have sufficient information the person making this request in order to recertify that the above named person is hand that the animal described below is, in my proto afford an equal opportunity to use and experience.	nake this determination. I dicapped as defined above and rofessional opinion, necessary
Prescribed Animal's Description	
Expiration Date of this Certification	
Date	Signature of Medical Provider, Health or Social Service Professional



© The Law Offices of Kirk A. Cullimore 4/2015 This form may not be reproduced without express written permission.

Animal Identification Form

Type of animal		Breed		
Age	Approximate Weight	Color		
Describe any spec	cial training or certifications			
	rer been reported to authorities	•	any incident or for	
Animals may	y not be in the common area	•		
	approved device based up		'n.	
	_	cted from specific areas.		
The animal's ow	vners are responsible for cle	- 1-	and for any damage	
	•	the animal.		
Animals m	ay not disturb the peaceful a	and quiet enjoyment of the	other tenants.	
The Con	nmunity may have other reg	gulations and rules relating	; to animals.	
I affirm that the	e animal is in compliance wi	th all state and local laws o	concerning animals.	
I have read the rules and regulations concerning animals (both above and those policies of the community), and agree to their terms.				
Resident's	signature	Dated		
Please provide a phot	to of the animal.			



© The Law Offices of Kirk A. Cullimore 4/2015 This form may not be reproduced without express written permission.