

ASSISTIVE ANIMAL REQUEST AND DOCUMENTATION

Please return to:

Name of Landlord _____

Address _____ Unit # _____

City _____ State _____ Zip _____

Phone number (_____) _____ Fax number (_____) _____

1. Applicant/Resident's Information:

Name: _____

Address: _____, Unit # _____
(Street Address)

_____, CA, _____
(City) (Zip)

Phone: _____ E-Mail : _____

2. Applicant/Resident/Occupant for whom accommodation is requested: _____

3. Applicant/Resident has reviewed the attached Assistive Animal Policy Addendum.

4. Applicant/Resident requests, as a reasonable accommodation for a disability as defined by state and federal law, to be allowed to have the following Assistive Animal.

Type: _____ Breed: _____ Sex: _____ Age: _____ Size: _____
(Dog, Cat, Etc.) (Siamese, Golden Retriever, Etc.)

Animal's Name: _____ Attach photograph or provide description: _____

5. **Required Verification:** Applicant/Resident asserts that the Applicant/Resident/Occupant for who the accommodation requested has a disability as defined by state and federal law and that the requested accommodation is related to that individual's disability and is necessary to allow the individual with a disability full use/enjoyment of the premises. Applicant/Resident understands that he/she is required to provide written verification from a health care provider or other credible party who can competently verify the Applicant/Resident/Occupant's disability and disability-related need for the Assistive Animal, unless the disability and/or disability-related need for the Assistive Animal are obvious.

Written verification of the disability and the need for the accommodation should be attached to this form.

Verification provided by:

Name: _____ Title/Position: _____

_____, Unit/Suite # (if applicable), _____
(Street Address)

_____, CA, _____
(City) (Zip)

Phone: _____

6. **Consent to Confirmation:** Landlord will contact the individual(s) who provided the verification for the sole purpose of confirming that the individual(s) authored/signed the verification. By signing below, Applicant/Resident agrees that Landlord may contact the third party who provided the verification for that sole purpose.

Date

Applicant/Resident



ASSISTIVE ANIMAL DOCUMENTATION CONFIRMATION

1. Authorization by rental Applicant/Resident for the release of information

I hereby authorize the release of the information requested to the Landlord listed below.

Name _____ Phone number (_____) _____

Signature _____ Date _____

To: Name: _____

Title/Position: _____

Contact Information:

_____, Unit/Suite # (if applicable), _____
(Street Address)

_____, CA, _____
(City) (Zip)

Work Phone: _____

_____ has requested to be
(Name of Applicant/Resident)

allowed to have an Assistive Animal as a reasonable accommodation for a disability as defined by the California Government Code Sections 12955.3 and 12926 and Section 3602 of Title 42 of the United States Code. The Applicant/Resident's request and verification are attached.

Please confirm whether or not you provided the attached verification, by filling out and returning this form.

Thank you.

_____ by _____, _____ Agent for Landlord
Landlord Individual Signing for Landlord Management Co. (If Applicable)

Date

- Yes, I did provide the attached verification of the individual's disability
 need for assistive animal
- No, I did not provide the attached verification of the individual's disability
 need for assistive animal

Verifiers Signature

Please return to:

Name of Landlord _____

Address _____ Unit # _____

City _____ State _____ Zip _____

Fax Number: _____ Email: _____

