

## Request for a Service Animal/Therapy Animal

Name:	TDD/Phone:
Address:	
City:	State/Zip:
Currently, I am (check on	e):
☐ An applicant or	applying for a housing unit with this Housing Agency
☐ Section 8 Vouch	ner holder searching for a unit
☐ Housed in one of	of the units owned and/or managed by this Housing Agency
<u> </u>	my household has a disability that qualifies under HUD rules (a mental of substantially limits one or more major life activities or a record of having of such impairment):
Name:	
I am requesting a	Therapy Animal
Type of animal:	
I am requesting a	Service Animal
If you are requesting a se	ervice animal please answer the following questions:
Is the dog a service an	imal required because of a disability?
List the work or task(s	) the dog has been trained to perform:
Type of dog:	
professional:	lity and the need for this request by contacting the following knowledgeable
Name:	Title:
Phone:	Email:
Address:	
City:	State/Zip:

I give permission to contact the above individual for purposes of verifying that I (or a family member) have a disability and need the reasonable accommodation requested above. I understand that the information you obtain will be kept completely confidential and used solely to determine whether or not you will provide an accommodation. Signature: \_\_\_\_\_ Date: \_\_\_\_\_\_ Date: \_\_\_\_\_ WARNING: Title 18, section 1001 of the United States code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department or agency of the United States. Staff Verification: The above referenced client: \_\_\_\_ is disabled \_\_\_\_ is handicapped \_\_\_\_\_ is elderly has received prior reasonable accommodation approval is identified as LEP Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Date: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Date: \_\_\_\_\_ **Notes:**