



# HOUSING AUTHORITY

OF THE CITY OF KEY WEST, FLORIDA

## Request for a Service Animal/Therapy Animal

Name: \_\_\_\_\_ TDD/Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Zip: \_\_\_\_\_

Currently, I am (check one):

- An applicant or applying for a housing unit with this Housing Agency
- Section 8 Voucher holder searching for a unit
- Housed in one of the units owned and/or managed by this Housing Agency

The following member of my household has a disability that qualifies under HUD rules (a mental or physical impairment that substantially limits one or more major life activities or a record of having or being regarded as having such impairment):

Name: \_\_\_\_\_

\_\_\_\_\_ I am requesting a Therapy Animal

**Type of animal:** \_\_\_\_\_

\_\_\_\_\_ I am requesting a Service Animal

If you are requesting a service animal please answer the following questions:

**Is the dog a service animal required because of a disability?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**List the work or task(s) the dog has been trained to perform:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Type of dog:** \_\_\_\_\_

You may verify the disability and the need for this request by contacting the following knowledgeable professional:

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: \_\_\_\_\_  
(Person with disability or legal guardian)

***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: \_\_\_\_\_  
(Housing Manager/Specialist)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Housing Manager/Specialist's Supervisor)

**Notes:**

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