



MONROE COUNTY

HOUSING AUTHORITY

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: _____

