

FORM TO REQUEST AN ASSISTANCE ANIMAL

The Federal Fair Housing Act and other state and local fair housing laws require that housing owners and managers provide reasonable accommodations for applicants and residents who have disabilities. The Lakes at the Savannahs COA, Inc. (the "Association") is committed to granting reasonable accommodations when necessary to afford persons with disabilities the equal opportunity to use and enjoy a dwelling.

Under fair housing laws, a person with a disability is defined as a person who has a physical or mental impairment that substantially limits one or more major life activities, a person who is regarded as having such an impairment, or a person with a record of such an impairment. Reasonable accommodations may include waiving or varying Association rules or policies to allow a resident to keep an "assistance animal." An assistance animal is an animal that does work or performs tasks for the benefit of a person with a disability, or provides emotional support or other assistance that alleviates one or more symptoms or effects of a person's disability ("Assistance Animal").

If you or someone associated with you has a disability and you believe that there is a need for an Assistance Animal as a reasonable accommodation for the person with a disability to use and enjoy a dwelling unit at the Association, please complete this form and return it to the management office. Please check all items that apply and answer all questions. All information provided to the Association in connection with this request will be kept confidential, except as otherwise required by law. If you require assistance in completing this form, please call the management office at (telephone number) for assistance or to make an oral request for a reasonable accommodation.

1. Do you require assistance filling out this form?

YES ☐

NO ☐

If your answer is "Yes" and you do not have someone who can assist you, please ask for the property manager to assist you in filling out this form.

If your answer is "No" continue on to Question No. 2.

2. Today's Date: _____

3. The person who has a disability requiring a reasonable accommodation is (please check one):

_____ **Me.** If you answered "Me" continue to Question 4.

_____ **A person making a reasonable accommodation request on behalf of or assisting the person with a disability** who needs an Assistance Animal
After filling out the following, continue to Question 4 and fill out the

information regarding the person for whom you are requesting a reasonable accommodation:

Name of person filling out form: _____

Address:

Telephone number: _____

Relationship to person needing Assistance Animal: _____

4. Name of person with a disability for whom a reasonable accommodation is being requested:

Address:

Telephone number: _____

5. Are you a person with a disability requesting an accommodation of an Assistance Animal so that you can have an equal opportunity to use and enjoy a dwelling at the Association?

YES ☐

NO ☐

6. Designate the species of animal for which you are making a reasonable accommodation request e.g., "dog", "cat":

7. Provide the name and physical description (size, color, weight, any tag and/or license) of the animal for which you are making a reasonable accommodation request:

8. Does the animal for which you are making a reasonable accommodation request perform work or do tasks for you because of your disability?

YES ☐

NO ☐ (If “No”, continue to Question 9)

If the answer is yes:

(a) provide a statement from a health or social service professional indicating that you have a disability (i.e. you have a physical or mental impairment that substantially limits one or more major life activities); and

(b) explain below how the animal has been trained to do work or performs tasks that alleviate one or more symptoms or effects of your disability or, if the animal lacks individual training, how the animal is able to do work or performs tasks that would alleviate one or more symptoms or effects of your disability:

You may provide any additional information or documentation of the training or work you describe above and attach it to this application.

9. If the animal for which you are making a reasonable accommodation request does not perform work or do tasks for you because of your disability, but provides emotional support or alleviates one or more symptoms or effects of your disability, please submit a statement from a health or social service professional stating that (a) you have a disability (i.e. you have a physical or mental impairment that substantially limits one or more major life activities); and (b) the animal would provide emotional support or other assistance that would alleviate one or more symptoms or effects of your disability and how the animal alleviates the symptoms or effects. Please attach such a statement to this application.

Signature of Person Making the Request:

Date: _____

Signature of Person with Disability:

Date: _____

TO BE COMPLETED BY MANAGEMENT:

Form Accepted by: _____

Date: _____

Signature