**VERIFICATION OF NEED FOR ASSISTANCE ANIMAL(S)**

Date:

|  |  |
| --- | --- |
| Property Name: |  |
| Address: |  |
| Address 2: |  |
| Telephone: |  | Fax: |  |
| Property Website: |  | TTD/TTY: | 711 National Voice Relay |
| Email: |  |

(please return this form to the above address.)

|  |  |
| --- | --- |
| Name: |  |
| Address: |  |
| Address 2: |  |
| City, State, Zip: |  |

TO:

|  |  |
| --- | --- |
| Applicant/Resident Name: |  |
| Date of Birth: |  |

Re:

|  |
| --- |
| HOUSEHOLD MEMBER RELEASE |
| To the Applicant/Resident:YOU DO NOT HAVE TO SIGN THIS FORM IF THE NAME OR ADDRESS OF EITHER THE PROJECT OR RECIPIENT IS LEFT BLANK.RELEASE: I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is no older than twelve (12) months. There are circumstances which would require the owner/agent to verify information that is up to five (5) years old, which would be authorized by me on a separate consent attached to a copy of this consent.Signature Date  |

*Requests for Assistance Animals must be based on truthful information*

*concerning an individual’s disability status and need for an assistance animal.*

*Individuals who are not disabled and submit deceptive requests, and health service providers who submit documentation containing materially false information violate New York State Law and the terms of the Lease.*

Dear Sir or Madam:

The applicant or resident has requested the owner/agent approve reasonable accommodations associated with an assistance/ animal.

An Assistance Animal is not a pet. Assistance Animals do work, perform tasks, provide assistance, or provide emotional support for a person with a physical or mental impairment that substantially limits at least one major life activity or bodily function. There are two types of assistance animals:

1. Service animals; and
2. Other trained or untrained animals that do work, perform tasks, provide assistance, and or provide therapeutic emotional support for individuals with disabilities (HUD guidelines refer to as “support animals”).

Under the American with Disabilities Act, “a service animal, means any ***dog,*** that is individually trained to do work or perform tasks for the benefit of an individual with a disability, including a physical, sensory, psychiatric, intellectual, or other mental disability. Other species of animals, whether wild or domestic, trained or untrained, are not, service animals for purposes of this definition. The work or tasks performed by a service animal must be directly related to the individual’s disability.”

Under the Fair Housing Act, a disability is a physical or mental impairment that substantially limits one or more major life activities.

 *In order to qualify for a reasonable accommodation/modification, the applicant/tenant* **must be disabled** *and there must be disability-related need for the assistance animal. (Example: A blind applicant/resident may request that the owner/agent waive animal size restrictions to allow a German Shepherd to live in a unit as a guide dog. A guide dog is a mobility aid that can enable people who are blind or have low vision to travel safely. There is a relationship between the blind applicant’s/resident’s disability and the requested accommodation)*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(company name) (has a one (1) pet policy of a cat or dog 25 lbs. or under, six months W older, that is spayed or neutered). However, the applicant/resident has requested that we waive the pet restrictions and that we do not collect a pet deposit because this particular animal does work, performs tasks, provides assistance, and/or provides therapeutic emotional support with respect to the applicant/resident’s disability This animal would not be considered a pet.

The applicant/resident does not have an observable disability and owner/agent does not have information in owner/agent’s possession to believe that the applicant/resident has a disability. Therefore, owner/agent in compliance with Federal and New York State regulations, is permitted to request information regarding both the existence of a disability and the disability-related need for the assistance animal.. In order to confirm a disability-related need for an assistance animal we require documentation from a licensed healthcare professional, such as a physician, optometrist, psychiatrist, psychologist, physician’s assistant, nurse practitioner or nurse that confirms the applicant/resident has a disability; states the assistance or therapeutic emotional support provided by the animal and shows a relationship or connection between the disability and the need for the assistance animal.

*We are required to complete our verification process in a short time period. A self-addressed envelope has been included for your convenience. If you have any questions, please feel free to contact our office.*

*Thank you, in advance, for your cooperation and prompt response.*

Community Manager

cc: Applicant/Resident File

**THE FOLLOWING IS TO BE COMPLETED BY THE HEALTHCARE PROVIDER**

I [ ] can [ ] cannot verify that the applicant/resident requires an assistance animal that does work, performs tasks, provides assistance, and/or provides therapeutic emotional support for applicant/resident (referred to in the HUD Guidance dated January 28, 2020 (FHEO-2020-01) as a “Support Animal”) to address the symptoms of his/her disability.

*Note: If you can verify the necessity for the accommodation, please answer the questions below.*

*If you cannot verify the necessity for the accommodation, please sign the form and return to the owner/agent.*

***PLEASE INDICATE ANY AND ALL SITUATIONS THAT APPLY TO THE PERSON WHO SIGNED THIS RELEASE.***

1. The applicant/resident 1) has a physical or mental condition that affects one or more major life activities; or 2) the applicant/resident has a record of such a condition; or 3) the applicant/ resident is regarded as having such a condition. (\*As defined by the Fair Housing Act and/or the New York State Human Rights Law as defined below.)

 [ ]  Yes [ ]  No [ ]  I do not know

 *Note: If you answered “No” or “I do not know,” please sign the form and return to the owner/agent.*

*\*The Fair Housing Act defines disability as a physical or mental impairment that substantially limits one or more major life activities. Under this definition, an impairment is a disability if it substantially limits the ability of the resident to perform a major life activity as compared to the average person in the general population. New York State Human Rights Law defines disability as (a) a physical, mental or medical impairment resulting from anatomical, physiological, genetic or neurological conditions which prevents the exercise of a normal bodily function or is demonstrable by medically accepted clinical or laboratory diagnostic techniques or (b) a record of such an impairment or (c) a condition regarded by others as such an impairment.*

2. The applicant’s/resident’s disability requires:

[ ]  No Support Animal. While the applicant/resident would benefit from the presence of a pet, the animal is not required to alleviate one or more symptoms of this person’s disability. The person indicated is able to live in the unit and take advantage of benefits and services provided by HUD and the owner/agent without a Support Animal.

 *Note: If no Support Animal is required, please sign the form and return to the owner/agent.*

[ ]  A Single Support Animal. The animal is required to alleviate one or more symptoms or effects of this person’s disability.

[ ]  Multiple Support Animals. More than one animal is required to alleviate one or more symptoms or effects of this person’s disability.

 *Requests for multiple service or companion animals indicate that a single animal is not adequate to provide the necessary support.*

3. Please describe how the Support Animal(s) will be used to alleviate symptoms or effects of the disability and not merely as a pet (e.g., alert applicant/resident to medical conditions such as seizures, alert applicant/resident to emergencies, reduce stress of isolation caused by the disability, etc.)

|  |  |
| --- | --- |
| Animal 1:  |  |

4. If you have indicated that multiple animals are necessary, please list each animal, the disability the animal will support, and the service each Support Animal will perform to alleviate one or more symptoms or effects of the disability. Please provide information about the disability-related function that the second or third animal performs that cannot be performed by previously listed Support Animals. [ ]  N/A, or

|  |  |
| --- | --- |
| Animal 2:  |  |
| Animal 3: |  |

5. Extent of service: (Please choose one.)

[ ]  This/these Support Animal(s) must accompany the applicant/resident **at all times** and reasonable accommodation should be made to allow the Support Animal into common areas even though other animals are excluded.

[ ]  It is not required that this/these Support Animals accompany the applicant/resident **at all times** and no reasonable accommodation should be made to allow the Support Animal into common areas, such as community rooms and cafeteria, where other animals are excluded.

6. Please estimate how long the need will exist? [ ]  Permanent [ ]  Temporary

|  |
| --- |
| PENALTIES FOR MISUSING THIS VERIFICATION FORM |
| Title 18, Section 101 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government, HUD, the PHA, and any owner (or any employee of HUD, the PHA or the owner) and may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person, who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant, resident, or participant may be subject to a misdemeanor and fined not more than $5,000. Any applicant, resident, or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the PHA, or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing a social security number are contained in the Social Security Act at 208 (a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8). |

By signing this form, I certify that the information provided above is true.

Name and position of verifier (please print):

Signature of Verifier: Date: