



# ASSISTANCE ANIMAL VERIFICATION FORM\*

Name of Medical Professional: \_\_\_\_\_

PLEASE RETURN FORM TO:

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

First Site Apartments  
138 E. Beaufort St.  
Normal, IL 61761

**SUBJECT:** Verification of Information Supplied by an Applicant/Tenant for Housing Assistance

First Site Resident Name: \_\_\_\_\_

First Site Address: \_\_\_\_\_

This person has applied for housing assistance under a program of the U.S. Department of Housing and Urban Development (HUD). HUD requires the housing owner to verify all information that is used in determining this person's eligibility or level of benefits.

We ask your cooperation in providing the following information and returning it to the person listed at the top of the page. Your prompt return of this information will help to ensure timely processing of the application for assistance. The applicant/tenant has consented to this release of information as shown below.

**RELEASE:** I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is no older than 12 months. There are circumstances that would require the owner to verify information that is up to 5 years old, which would be authorized by me on a separate consent attached to a copy of this consent.

\_\_\_\_\_  
First Site Resident Signature

\_\_\_\_\_  
Date

**NOTE TO APPLICANT/TENANT:** You do not have to sign this form if either the requesting organization or the organization supplying the information is left blank.

**PENALTIES FOR MISUSING THIS CONSENT:** Title 18, Section 1001 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 and any owner (or any employee of HUD or the owner) 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 willingly requests, obtains, or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant 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 or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208(a) (6), (7) and (8). Violations of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).

## Area to be completed by a Medical Professional or Individual with a Therapeutic Relationship

The tenant/applicant listed above has requested the use of an assistance animal as a reasonable accommodation for a disability, which is not clear from interaction with tenant/applicant. In order to grant this accommodation, the owner of the property will need to verify that there is a disability-related need for the requested accommodation. The following is a definition of an assistance animal as defined by the HUD 4350.3 Occupancy Manual that describes the occupancy requirements and procedures governing the HUD-subsidized multifamily housing programs. This definition should give you further guidance in verifying the need for an assistance animal.

As defined in the HUD 4350.3 Occupancy Manual, assistance animals are animals that work, provide assistance or perform tasks for the benefit of a person with a disability, or animals that provide emotional support that alleviates one or more identified symptoms or effects of a person's disability. Assistance animals – often referred to as "service animals," "assistive animals," "support animals," or "therapy animals" – perform many disability-related functions, including but not limited to guiding individuals who are blind or have low vision, alerting individuals who are deaf or hard of hearing to sounds, providing minimal protection or rescue assistance, pulling a wheelchair, fetching items, alerting persons to impending seizures, or providing emotional support to persons with disabilities who have a disability-related need for such support. Some, but not all, animals that assist persons with disabilities are professionally trained. Other assistance animals are trained by the owners themselves and, in some cases, no special training is required.

In accordance with the Assistance Animal Integrity Act, anyone in a therapeutic relationship with the tenant/applicant, may provide evidence of said individual's need for a supportive animal. For the avoidance of doubt, a "therapeutic relationship" means the provision of medical care, program care, or personal care services, in good faith, for and with actual knowledge of, an individual's disability and that individual's

disability-related need for an assistance animal by: (1) a physician or other medical professional; (2) a mental health service provider; or (3) a non-medical service agency or reliable third party who is in a position to know about the individual's disability. "Therapeutic relationship" does not include an entity that issues a certificate, license, or similar document that purports to confirm, without conducting a meaningful assessment of a person's disability or a person's disability-related need for an assistance animal, that a person: (a) has a disability; or (b) needs an assistance animal.

**In accordance with the signed authorization provided on this form, please complete the following:**

1. I have a therapeutic relationship with the tenant/applicant.  
\_\_\_\_\_ YES. \_\_\_\_\_ NO \_\_\_\_\_ I do not know.
2. As a medical or other professional in a therapeutic relationship with the tenant/applicant, with the knowledge necessary to offer a qualified opinion, I am able to advise that the above individual qualifies as an individual with a disability as defined above.  
\_\_\_\_\_ YES \_\_\_\_\_ NO \_\_\_\_\_ I do not know.

If you answered yes, how long have you been familiar with the above individual's disability?

---

---

---

3. Please describe in what manner this disability restricts the above individual in activities of daily life and/or the basis for requiring an assistance animal.  
NOTE: Please only provide information concerning the nature or severity of the disability to the extent it is necessary to demonstrate that there is a relationship between a disability verified by a "yes" response to questions one and two above, and the need for the proposed assistance animal. Please do not otherwise provide information as to the nature or severity of the disability.

---

---

---

4. The above individual has requested to have an assistance animal live in a unit that is commonly shared with a group of other unrelated residents. Do you believe that the above individual's disability makes it necessary for him/her to have an assistance animal?  
\_\_\_\_\_ YES \_\_\_\_\_ NO \_\_\_\_\_ I do not know.

If you answered yes, please describe how the assistance animal works, provides assistance, performs task/services and/or provides emotional support that aids the above individual due to his/her disability.

---

---

---

5. Please list any alternative accommodations that you believe could satisfy the above individual's disability-related needs, if and, if First Site is unable to grant the individual's request to have an assistance animal live in a unit that is commonly-shared with a group of other unrelated residents (e.g., other residents in the commonly-shared units have medical concerns that do not allow for animal to live in the unit).

---

---

6. Please provide any other comments that you believe would be helpful to assist in the evaluation of the above individual's request.

---

---

\_\_\_\_\_  
Name and Title of Person Supplying the Information Firm/Organization Name

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Email

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please return the form to the address listed above. Thank You.





## EMOTIONAL SUPPORT/ASSITANCE ANIMAL AGREEMENT

This agreement is entered into on \_\_\_\_\_ (date), by and between First Site and \_\_\_\_\_ of, the premises located at \_\_\_\_\_ Apartment # \_\_\_\_\_.

In consideration of their mutual promises, Owner and Resident agree as follows:

- A. Resident agrees to pay First Site for any repairs to the apartment due to damage by the Animal.
- B. DESCRIPTION OF ANIMAL. The lease covering the premises provides that no Animals are permitted on or about the premises without Owner's prior written consent. Residents are hereby permitted to have only the following described Animal, subject to the terms and conditions of this ESA Agreement.

### **C. PHOTO OF ANIMAL REQUIRED**

Name of Animal \_\_\_\_\_ Type of Animal \_\_\_\_\_

Breed \_\_\_\_\_ Age \_\_\_\_\_ Color \_\_\_\_\_ Weight \_\_\_\_\_

License # \_\_\_\_\_ Date of last rabies shot \_\_\_\_\_

City of License \_\_\_\_\_ Name of Animals Owner \_\_\_\_\_

No other Animals (including any offspring) shall be permitted by Residents in the premises at any time.

- D. RULES. Resident agrees to abide by the following rules:
  - a. NUISANCE. The Animal may not cause any damage to the Premises, or to the grounds or Premises of the Owner. Tenant agrees to keep the animal under control at all times and to respond to complaints made by management.
  - b. SANITARY PROBLEMS. All Animals must be housebroken. The Animal may not be fed or given water, or allowed to urinate or defecate, on any unprotected carpet inside the dwelling unit. Resident shall immediately remove and properly dispose of all Animal waste on the grounds. No food or water for the Animal, or any Animal, may not be left outside the dwelling.
  - c. ABANDONMENT. Residents may not abandon the Animal, leave it for any extended period without food or water, fail to care for it if it is sick, or leave it in common areas.
  - d. COMPLIANCE WITH LAWS. Residents agree to comply with all applicable governmental laws and regulations.
  - e. SPECIFIC TYPES OF ANIMALS. The following rules apply to specific types of Animals:
    - CATS-Residents must provide and maintain an appropriate litter box.
    - BIRDS-Birds must remain in cages at all times.
  - f. ADDITIONAL RULES. Owner may, from time to time, upon written notice to Residents, make reasonable changes or additions to the Animal rules set forth in paragraph (b) above. Resident agrees to keep the animal restrained, but not tethered, when it is outside the Resident's dwelling.

### E. OWNER'S REMEDIES FOR VIOLATIONS.

- a. REMOVAL OF ANIMAL AND RESIDENT. If resident violates a term or condition of this Agreement, Owner reserves the right to take appropriate action including, if no reasonable accommodation can be made, serving upon Resident a 10-day notice to vacate.

- b. **REMOVAL OF ANIMAL BY OWNER.** If, in Owner's sole judgment, Residents have abandoned the animal, left it for any extended period without food or water, failed to care for it if it is sick, or let it unattended in violation of the rules herein, then the Owner may, upon one day prior written notice left in a conspicuous place, and in accordance with the terms of the Lease dealing with entry of the Premises, enter the dwelling unit to remove the animal, and turn the Animal over to the Humane Society or local authority. Owner shall not be liable for loss, harm, sickness, or death of Animal unless due to Owner's negligence. Owner has no lien on the Animal for any purpose, but Residents shall pay for reasonable care and kenneling charges if Animal is removed in accordance with this paragraph.
- c. **CLEANING AND REPAIRS.** Residents shall be jointly and severally liable for the entire amount of all damages caused by the Animal. If a unit cannot be satisfactorily cleaned or repaired, Residents must pay for complete replacement of any item(s) within the unit that remain soiled or damaged as a result of the Animal.
- d. **INJURIES.** Residents shall be strictly liable for the entire amount of any injury to any person or property caused by the Animal, and shall indemnify Owner for all costs of litigation and attorney's fees resulting from same.
- e. **MOVE-OUT.** After Resident vacates the Premises, Resident shall reimburse Owner for the cost of de-fleeing, deodorizing, and shampooing, necessary to protect future residents from possible health hazards.
- f. **OTHER REMEDIES.** This Animal Agreement is an Addendum to the Lease between Owner and Resident. If any rule or provision of this Animal Agreement is violated, Owner shall, in addition to the foregoing, have all rights and remedies set forth in the Lease for violations thereof, including but not limited to eviction, damages, and attorney's fees.

First Site Resident Signature \_\_\_\_\_ Date \_\_\_\_\_

Agent for Owner Signature \_\_\_\_\_ Date \_\_\_\_\_