

APPLICATION FOR AN ASSISTANCE ANIMAL

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Name of Head of Household

Address

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Name of Family Member who needs an Assistance Animal

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Kind of Assistance Animal

Sex

Breed if Applicable

Name of Animal

Is a statement from a doctor explaining the need for an assistance animal attached?

YES

NO

Is a copy of the animal's most current rabies vaccination certificate attached?

Is the animal spayed or neutered?

Describe what kind of assistance the animal will provide:

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Describe any formal or professional training the animal had to make it qualify as an assistance animal:

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Describe any informal training or natural ability the animal possesses to make it qualify as an assistance animal:

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I understand that falsification or omission of facts regarding my application to keep an assistance animal could result in denial of request or withdrawal of approval to keep an assistance animal. I understand that any aggressive or uncontrolled behavior by the assistance animal is grounds for the Housing Authority to demand removal of a particular assistance animal and that failure to do so could result in termination of my lease. I also agree to read and abide by the Housing Authority Assistance Animal Policy.

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Signature of Head of Household

Date

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Signature of Spouse/Co-Head/Other Adult

Date

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Housing Manger/Representative

Date