POLICY FOR ASSISTIVE ANIMALS

Policy Adopted On: <<DATE>>

REQUEST FOR A REASONABLE ACCOMMODATION

If you need to live with an assistive animal because of your disability, make a request to your landlord or manager for a reasonable accommodation. It is best to submit such requests in writing, but verbal requests are acceptable.

VERIFICATION OF YOUR DISABILITY AND NEED FOR AN ASSISTIVE ANIMAL

You may be asked for information regarding who will be able to provide verification that you have a disability and that the accommodation of an assistive animal is necessary to give you an equal opportunity to use and enjoy our housing community. This individual may be a doctor or other medical professional, or other qualified third party who, in their professional capacity, has knowledge about your disability and your need for a reasonable accommodation. You do not have to provide details about your disability, however, Management will verify the relationship between the animal and how it helps to manage your disability.

CITY/COUNTY/STATE LAWS

Residents keeping animals on this property are expected to follow all City/County/State Laws regarding animals. A copy of MyTown City Ordinance #XXX123, which applies to this location, is attached. Copies of registration and vaccination are required prior to bringing the animal onto the property, and annually thereafter.

IDENTIFICATION OF ANIMAL

The Management Agent will retain a photograph of the animal in the tenant file, to assist in identifying it in case of an emergency. Only the animal(s) approved as a reasonable accommodation will be allowed to reside in the unit. If additional animals are discovered to have been brought into the unit without receiving prior approval from management, these animals would be subject to the 'No-Pet' policy, and a Lease Violation and/or Lease Termination Notice may be issued.

ANIMAL CARE AND SUPERVISION

Resident has the responsibility to care for and supervise their animal. The resident must retain full control of the animal at all times. This generally means that while the animal is in common areas, it should be on a leash, in a carrier, or otherwise in the direct control of its owner. The animal should be well behaved (no jumping, snarling, nipping, excessive barking). The resident is responsible for the safe, prompt removal of animal waste products. A fee of \$5.00 may be charged for each occurrence if waste is not removed from the property and management staff must perform this duty. We strongly encourage residents to provide emergency contact information for someone who can care for the animal in case of an emergency. If we do not have this information, and the resident is unable to care for the animal, we have no choice but to contact the local animal control authority for removal.

DAMAGES TO PROPERTY

All residents are responsible for any damage caused to their individual unit, the building exterior and grounds, and common areas, regardless of whether the damage is caused by a member of the household, a guest of the household or an animal that lives in the household. Failure to pay damage bills, or make acceptable arrangements for payment, within 30 days of receipt may result in termination of the Lease.

REMOVAL OF AN ASSISTIVE ANIMAL

If an animal is unruly, disruptive or aggressive (jumping, nipping, snarling, etc.), the manager may ask the resident to remove the animal from a common area. If the animal's inappropriate behavior happens repeatedly, the manager may request that the resident not bring the animal into common areas until steps have been taken to mitigate the behavior (such as obedience training, or muzzling an animal that nips). Failure to correct the animal's behavior will result in Lease Violations. Repeat Lease Violations may result in termination of the lease. Owners of disruptive, unruly or aggressive assistive animals will be allowed the option to remove the animal to avoid termination of the Lease. This option may be discussed with the Management Agent within 10 days of receipt of the Termination Notice.

Resident Signature:		Date:	
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	<< INSERT PHOTO OF ASS	ISTIVE ANIMAL HERE >>
Name of Anim	al:	Unit #:
NAME:PHONE#:ADDRESS:		NAME: PHONE#: ADDRESS:
MI:		Manager Initials:
(DATE) AR:(DATE)	(NAME OF CLINIC) (NAME OF CLINIC)	Manager Initials:
. ,	(NAME OF CLINIC)	Manager Initials:
AR:(DATE)	(NAME OF CLINIC)	Manager Initials:
AR:(DATE)	(NAME OF CLINIC)	Manager Initials:
AR:(DATE)	(NAME OF CLINIC)	Manager Initials:
AR:(DATE)	(NAME OF CLINIC)	Manager Initials:
his animal is no lo	onger residing with	in Unit #
Removal of animal	verified by	on