

## Resident's Request for Assistance Animal

*The undersigned does hereby request an assistance animal and does hereby attest and state as follows:*

**1. Handicap Definition:**

I am aware of the requirements of the Fair Housing Act and its definitions which include:

*"Handicap" means, with respect to a person –*

- (1) Having a physical or mental impairment which substantially limits one or more of such person's major life activities,*
- (2) Having a record of having such an impairment, or*
- (3) Being regarded as having such an impairment, but such term does not include current, illegal use of or addiction to a controlled substance.*

**2. Qualification:**

Pursuant to the definition above, I do qualify as an individual with a disability.

**3. Impairment:**

I represent that the requested assistance animal is necessary to provide assistance with my disability.

The anticipated length of this disability is \_\_\_\_\_.

My primary care physician is Dr. \_\_\_\_\_ whose telephone number is \_\_\_\_\_.

**4. Request:**

I do hereby request that I be able to reside with an assistance animal at the premises below. I certify that the statements herein are true as provided on the Animal Identification Form and the Medical Request for an Assistance Animal. I agree that the only animal I will keep for this purpose is listed therein and that I will abide by the rules and regulations of the community regarding animals. I understand that I will not have to pay additional costs or fees for the assistance animal but will be responsible for any damage caused. I request that my professional provide verification of the required information to Mark Harris Properties, LLC to assist in making this determination.

Applicant's Name \_\_\_\_\_

Premises Address \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

Dated \_\_\_\_\_

## Animal Identification Form

Type of animal \_\_\_\_\_ Breed \_\_\_\_\_

Age \_\_\_\_\_ Approximate Weight \_\_\_\_\_ Color \_\_\_\_\_

Describe any special training or certifications \_\_\_\_\_

Has the animal ever been reported to authorities (police, animal control) for any incident or for any reason? \_\_\_\_\_. If "Yes," please provide details:

**Animals may not be in the common areas of the community unless on a leash or an approved device based upon the animal's certification.**

**Animals may be restricted from specific areas.**

**The animal's owners are responsible for cleaning up after the animal and for any damage done by the animal, property or otherwise.**

**Animals may not disturb the peaceful and quiet enjoyment of the other tenants.**

**The Community may have other regulations and rules relating to animals, which are applicable to assistance animals as well.**

**I affirm that the animal is in compliance with all state and local laws concerning animals.**

I have read the rules and regulations concerning animals (both above and those policies of the community), and agree to their terms.

\_\_\_\_\_  
Signature of Resident

Dated \_\_\_\_\_

## Verification for Assistance Animal

Name of Person making Request \_\_\_\_\_

A request has been made to allow an assistance animal to reside with the above-named individual. Such request has been made pursuant to The Fair Housing Act. In order to qualify for an assistance animal exemption to the normal rules of the community, the person making the request **must qualify as handicapped as defined**, which is:

**“Handicap” means, with respect to a person—**

- (1) Having a physical or mental impairment which substantially limits one or more of such person’s major life activities,***
- (2) Having a record of having such an impairment,***
- (3) Being regarded as having such an impairment, but such term does not include current, illegal use of or addiction to a controlled substance.***

**Additionally, the assistance animal must assist the person in ameliorating the disability and/or the major life activities affected. Further, if the professional certifying below is not licensed in Kentucky and does not maintain an active practice in Kentucky, the person making this request must have an ongoing therapeutic relationship with the professional certifying below.**

This request is made because of the professional’s opinion that the assistance animal may be necessary to afford the disabled person an equal opportunity to use and enjoy the leased premises. With this request and upon approval, the management of the premises must allow the animal on the premises and is prohibited from charging pet rent or other fees normally charged to persons with pets. Assistance animals are not pets but animals that are determined by competent professionals to be an important and necessary part of treatment or assistance of a disability/handicap.

Professional’s Name: \_\_\_\_\_ Telephone number: \_\_\_\_\_

***I certify that I have sufficient information and have consulted with the person making this request in order to make this determination. I certify that the above-named person is handicapped as defined above and that the animal described below is, in my professional opinion, necessary to afford an equal opportunity to use and enjoy the leased premises. If I am licensed in a state other than Kentucky, I further certify that the person making this request and I have an ongoing therapeutic relationship.***

Prescribed Animal’s Description \_\_\_\_\_

Expiration Date of this Certification \_\_\_\_\_

\_\_\_\_\_  
Signature of Medical Provider, Health  
or Social Service Professional

\_\_\_\_\_  
Date