

Moundsville Housing Authority

501 Tenth Street – Moundsville, WV 26041
Phone (304) 845-3141 – Fax (304) 845-3147

DATE RECEIVED BY MHA: _____
APPROVED BY: _____
DATE APPROVED: _____

Application for Assistance Animal Ownership

TENANT NAME: _____ UNIT: _____

Please check the type of animal described herein:

SERVICE ANIMAL: Dog

SUPPORT ANIMAL: Dog Cat Other: _____ (must specify)

TO BE COMPLETED BY THE VETERINARIAN OR ADOPTION AGENCY QUALIFIED PERSONNEL

NAME OF VETERINARIAN CLINIC/ADOPTION AGENCY: _____

ADDRESS: _____

PHONE: _____

ANIMAL INFORMATION

NAME OF ANIMAL: _____ **BREED:** _____

COLOR: _____ **AGE:** _____ **ADDITIONAL MARKINGS:** _____

If it is a mix breed, please give a detailed description of the breeds included in animal’s pedigree:

CURRENT HEIGHT: _____ **CURRENT WEIGHT:** _____

If animal has not reached full maturity:

PROJECTED HEIGHT: _____ **PROJECTED WEIGHT:** _____

DESCRIPTION OF ANY KNOWN DEFORMITIES: _____

LICENSE NO. (if applicable): _____ **IS ANIMAL HOUSEBROKEN?** _____

HAS ANIMAL RECEIVED ALL INNOCULATIONS? _____

DATE OF LAST RABIES SHOT: _____ **DATE OF LAST DISTEMPER SHOT:** _____

DATE WHEN PET WAS SPAYED OR NEUTERED: _____

VETERINARIAN’S/SHELTER OFFICIANT SIGNATURE

DATE

I hereby make application to keep the described assistance animal in my dwelling unit, as specifically authorized under the rules and regulations set forth herein. It is understood that no substitutions are allowed, and no other animal shall be permitted on the premises.

Documentation is required stating the qualifying disability and medical need for an assistance animal. This is a requirement of this application and must be submitted at time of application.

I have received a copy of the Pet/Assistance Animal Policy of the Moundsville Housing Authority and have read and understood the entirety of the policy. I hereby state that the facts and information given in this application for assistance animal ownership are true and accurate. I understand that if these facts are not true and accurate the permit granted will be revoked and I will be required to remove the pet from MHA property. Noncompliance with these rules and regulations can result in a lease violation leading up to possible eviction.

- I agree to abide by the requirements outlined in this lease addendum for animal ownership and to keep the service or assistant animal(s) in accordance with the policy.
- I agree and understand that I am liable for any damage or injury whatsoever caused by my assistance animal and shall pay MHA for any damages or injury caused by the assistance animal. I also realize that I should obtain liability insurance for animal ownership and that paying for the insurance is my responsibility.
- I agree to accept full responsibility and will indemnify and hold harmless MHA for any claims by or injuries to third parties or their property caused by my assistance animal.
- I AGREE AND UNDERSTAND THAT ALL INFORMATION CONCERNING MY ASSISTANCE ANIMAL MUST BE UPDATED ANNUALLY AND PROVIDED TO THE MHA AT THE ANNUAL REEXAMINATION.
- I AGREE AND UNDERSTAND THAT VIOLATING THIS LEASE ADDENDUM MAY RESULT IN THE REMOVAL OF THE ASSISTANCE ANIMAL FROM THE PROPERTY OF THE MHA AND/OR EVICTION.

Animal Owner Name (Print)

Animal Owner Name (Signature)

Date

In application for the above I hereby attach the following documentation and required fees:

- Medical Documentation **(MANDATORY)**
- Veterinarian Records **(MANDATORY)**
- Alternate Custodian Form **(MANDATORY)**
- Request for Reasonable Accommodation
- Proof of Renters' Insurance (optional but recommended)
- Color photo of pet **(MANDATORY)**
- Release of information



ANIMAL ALTERNATE CUSTODIAN STATEMENT

I understand that I must take full responsibility for the animal listed above and owned by:

_____ who resides at _____
Tenant's Name Tenant's Address

This address is a unit owned by the Moundsville Housing Authority. If at any time the animal owner becomes unable to maintain said animal through reasons of illness, death, disability or absence from the unit, I understand that I must assume such responsibility at any time the Housing Authority contacts me that such action is needed.

Alternate Custodian Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Alternate Contact Phone: _____

SIGN IN FRONT OF NOTARY

Alternate Custodian Name (Print)

Alternate Custodian Name (Signature)

Date

NOTARY ONLY

STATE OF WEST VIRGINIA

COUNTY OF _____

Before me, _____, on this day personally appeared _____,
Name of Notary Public Name of signer

to be the person(s) whose name(s) is/are subscribed to be the foregoing instrument and acknowledged to me that he/she/they executed the same for the purposes and consideration therein expressed.

Given under my hand and seal of office this _____ day of _____, _____
Day Month Year

Notary Public's Signature

REQUEST FOR REASONABLE ACCOMMODATION/MODIFICATION

Head of Household: _____

Address: _____

Cell Phone: _____ Home Telephone: _____

Name of Family Member with the Disability & Requiring Reasonable Accommodation:

Accommodation Requested (Be as specific as possible, e.g., interpreter, emotional support or assistance animal, ramp at front door, transfer, etc.):

How will the accommodation/modification remove or relieve any barriers posed by the disability-related limitation?

You do not have to attach 3rd party documentation to this request to invoke your rights to reasonable accommodation. Verifications may be obtained after you submit your request, but before a decision is made.

Signature/Requestor: _____ Date Requested: _____

MHA Representative Receiving Request: _____ Date Received: _____

MHA reserves the right to suggest an alternate accommodation achieving the same goal. MHA will make every attempt to consider requests on a case-by-case basis; granting a request is not a precedent-setting event and should not be viewed as such.

It is not required, nor can management ask, what the source of your disability or disabilities are. Management is only asking that written documentation be provided stating you have a disability that would be accommodated by the modification requested above.

MHA OFFICE USE ONLY	
<input type="checkbox"/> Verbal Request	Date Received: _____
<input type="checkbox"/> Written Request	Date Received: _____

**VERIFICATION FOR DETERMINING REASONABLE
ACCOMMODATION/MODIFICATION NEEDS
ASSISTANCE ANIMAL**

HEAD OF HOUSEHOLD: _____ PHONE #: _____

ADDRESS: _____ CITY: _____ STATE: _____

HOUSEHOLD MEMBER WHO NEEDS THE ACCOMMODATION: _____

The household member above has a disability because they have a physical, mental, or emotional impairment that limits one or more major life activities, or has a record of having such an impairment.

The person named above has requested an accommodation or modification under a program funded by the U.S. Department of Housing and Urban Development (HUD). HUD requires the MHA to verify all information that is used in determining this person's level of benefits. The Applicant/Program Participant, by his/her signature at the bottom of the following page has signed this release and requests that you provide the requested information to the MHA.

The purpose of an accommodation/modification is to remove or relieve a barrier posed by the disability-related limitation. As a result of the disability, I am requesting the following reasonable accommodation(s)/modification(s) from the MHA for the disabled household member listed above.

PLEASE DO NOT SUBMIT MEDICAL RECORDS OR TELL US ABOUT THE NATURE OR SEVERITY OF THE DISABILITY.

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 accommodation/modification request.

NAME OF PERSON SUPPLYING INFORMATION _____

TITLE OF PERSON SUPPLYING INFORMATION _____

FIRM/ORGANIZATION/MEDICAL FACILITY _____

SIGNATURE OF PERSON SUPPLYING INFORMATION _____

DATE _____

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.

Signature: _____ Date: _____

Note to Applicant/Tenant: You do not have to sign this form if either the requesting organization or the person/organization supplying the information is left blank.

WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentation to any Department or Agency of the United States as to any matter within its jurisdiction.

Please check the box of the accommodation/modification you are requesting.

ASSISTANCE ANIMAL

- SERVICE ANIMAL:** The animal (dog) is required because of a disability and the animal has been trained to do work or tasks that assist or help you with the limitation(s) posed by your disability. Some examples include guiding an individual who is blind or has low vision, pulling wheelchair, fetching items, or alerting persons to impending seizures, falls, or other medical crises.

What tasks has the animal been trained to do? _____

(The MHA is not asking for proof of certification or training)

- SUPPORT ANIMAL:** As a result of this disability, the household member needs a support animal.

Please note that verification by a professional may be required.

What type of support animal do you need? _____

How will this animal alleviate symptoms of the disability?

- MULTIPLE SUPPORT ANIMALS:** As a result of this disability, the household member requires multiple support animals. Requests for multiple assistance animals indicate that the single animal is not adequate to provide the necessary support.

Please note that verification by a professional may be required.

The need for multiple animals indicates that one animal cannot perform the necessary tasks. If you have indicated that multiple animals are necessary, please list each animal and the service each animal will perform to alleviate one or more symptoms of the disability.

Animal 1: Type of animal: _____

Task Performed: _____

Cannot be performed by another animal in the unit

Animal 2: Type of animal: _____

Task Performed: _____

Cannot be performed by another animal in the unit

Animal 3: Type of animal: _____

Task Performed: _____

Cannot be performed by another animal in the unit

AUTHORIZATION FOR RELEASE OF INFORMATION FOR ANIMALS

I, _____, hereby give consent and authorization for Moundsville Housing Authority to release any information to any Animal Shelter, Pet Rescue, Animal Adoption Agency, or any person in regards to the eligibility of adopting an animal. This information is any information about me or my household that is pertinent to my eligibility for adopting an animal. This information may include proof of residency, current and previous pet/animal information, housekeeping information, lease violations, paying rent on time, and/or any resident information that would be required by the requesting agency/person.

I agree that a photocopy of this authorization may be used for the purposes stated above. The original is on file with MHA and will stay in effect from the date it was signed until I no longer reside with the Moundsville Housing Authority. I agree that MHA is not responsible for any result arising from the release of information pursuant to this authorization.

SIGNATURES

Head of Household/Spouse/Co-Head _____ Date _____
MHA Signature _____ Date _____