



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

Application for Service/Assistance Animal Ownership

TENANT NAME: _____ UNIT: _____

Please check the type of animal described herein: ☐ Assistance Animal ☐ Service Animal

Please check the type of animal described herein: ☐ Dog ☐ Cat ☐ Other: _____

In application for the above I hereby attach the following documentation:

- ☐ Veterinarian Form (Pg.2)
- ☐ Copy Veterinarian Records
- ☐ Alternate Custodian Form (Pg.3)
- ☐ Release of Information (Pg.4)
- ☐ Medical Documentation (Pg. 6 &7)
- ☐ Reasonable Accommodation Request Form (Pg. 5)
- ☐ Color photo of animal
- ☐ Proof of dog license/fee from the Marshall County Assessor Office (For dogs only)
- ☐ Renter's Insurance (**OPTIONAL**)

PLACE COLOR
PHOTOGRAPH OF
ANIMAL HERE

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

I have received a copy of the Pet Policy & Service/Assistance Animal Policy of the Moundsville Housing Authority and have read and understood the entirety of the policies. I hereby state that the facts and information given in this application for Service/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 animal from MHA property. I agree and understand that all information concerning my animal must be updated annually and provided to the MHA when requested. This includes updated shot records and updated alternate custodian form. Noncompliance with these rules and regulations can result in a lease violation leading up to possible eviction.

TENANT SIGNATURE

DATE



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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 ANIMAL WAS SPAYED OR NEUTERED: _____

VETERINARIAN'S/SHELTER OFFICIANT SIGNATURE

DATE



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ANIMAL ALTERNATE CUSTODIAN STATEMENT

TENANT _____

ADDRESS _____

This address is a unit owned by the Moundsville Housing Authority. I am willing and able to assume the responsibility for taking care of this animal immediately in the event an emergency situation, such as the animal owner dies, is incapacitated or is otherwise unable to care for the animal, if asked to do so by the Housing Authority or other State or local authority. I also understand that if I reside with the Moundsville Housing Authority, I must take the appropriate actions to obtain ownership of the animal should I choose to keep the animal due to the death of the owner.

Alternate Custodian Name: _____

Address: _____

Alternate Contact Phone: _____

SIGN IN FRONT OF NOTARY

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



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AUTHORIZATION FOR RELEASE OF INFORMATION FOR ANIMALS

I, _____, hereby give consent and authorization for Moundsville Housing Authority to release any information to an Animal Shelter, Pet Rescue, Animal Adoption Agency, or any other 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 give permission to any agency to release any records to the MHA regarding my animal.

I agree a photocopy of this authorization may be used for the purposes stated above. The original is on file with the 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 the MHA is not responsible for any result arising from the release of information pursuant to this authorization.

SIGNATURES

HOH/SPOUSE/CO-HEAD: _____ Date: _____

MHA SIGNATURE: _____ Date: _____



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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	
☐ Verbal Request	Date Received: _____
☐ Written Request	Date Received: _____



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

HEAD OF HOUSEHOLD: _____ PHONE # _____

ADDRESS: _____ CITY _____ STATE _____

HOUSEHOLD MEMBER WHO NEEDS THE ACCOMMODATION: _____

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 PHA to verify all information that is used in determining this person's level of benefits.

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 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 or Moundsville Housing Authority. Your prompt return of this information will help to ensure timely processing of the accommodation/modification request.

The household member above has a disability as defined by The Department of Housing and Urban Development and I hereby certify that the above named should be considered disabled in accordance with one of the following definitions (check one):

- ☐ (1) A disabled person is one with an inability to engage in any substantial gainful activity because of any physical or mental impairment that is expected to result in death or has lasted or can be expected to last continuously for at least 12 months; or for a blind person at least 55 years old, inability because of blindness to engage in any substantial gainful activities comparable to those in which the person was previously engaged with some regularity and over a substantial period.
- ☐ (2) A developmentally disabled person is one with a severe chronic disability that:
- (a) is attributable to a mental and/or physical impairment;
 - (b) as manifested before age 22;
 - (c) is likely to continue indefinitely
 - (d) results in substantial functional limitations in three or more of the following areas: capacity for independent living, self-care, receptive and expressive language; learning, mobility, self-direction, and economic self-sufficiency AND
 - (e) requires special interdisciplinary or generic care treatment, or other services which are of extended or lifelong duration and are individually planned or coordinated.
- ☐ (3) A disabled person is also one who has a physical, emotional or mental impairment that:
- (a) is expected to be of long-continued or indefinite duration;
 - (b) substantially impedes the person's ability to live independently;
 - (c) is such that the person's ability to live independently could be improved by more suitable housing conditions.



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Please check the box of the accommodation/modification being requested.

☐ **ASSISTANCE ANIMAL**

- ☐ **SERVICE ANIMAL:** The animal (dog) is required because of a disability and the animal 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 is needed? _____

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

NAME OF PERSON SUPPLYING INFORMATION _____

TITLE OF PERSON SUPPLYING INFORMATION _____

FIRM/ORGANIZATION/MEDICAL FACILITY _____

SIGNATURE OF PERSON SUPPLYING INFORMATION _____

DATE _____



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FOR MHA USE ONLY:

Date Received by MHA: _____

Date Approved by MHA: _____

Date Denied by MHA: _____

Reason(s) for Denial: _____

Approved by: _____

Denied by: _____