

ASSISTANCE ANIMAL POLICY

One common type of reasonable accommodation is allowing a person with a disability to keep an assistance animal. An assistance animal is any animal that works, provides assistance or emotional support, or performs tasks for the benefit of a person with a disability. We are committed to ensuring that individuals with disabilities may keep such animals in Housing Authority property to the extent required by federal, state and local law.

An animal that is trained to do work or perform tasks for an individual with a disability is known as a service animal. It is often readily apparent that an animal is trained to do work or perform tasks for the benefit of a person with a disability, such as a dog that guides an individual with a visual impairment. Where it is readily apparent that an animal is a trained service animal, the Housing Authority will not inquire about the individual's disability or the animal's training.

In the case of a resident who requests a reasonable accommodation for an emotional support animal that provides emotional support or other assistance that improves one or more symptoms or effects of the resident's disability, the Housing Authority may require a statement from a health or social service professional indicating:

1. That the applicant has a disability, and
2. That the animal would provide emotional support or other assistance that would improve one or more symptoms or effects of the disability.

In the case of a resident who requests a reasonable accommodation for a service animal that does work or performs tasks of benefit for a person with a disability, the Housing Authority may require a statement from a health or social service professional indicating:

1. That the person has a disability, and Information that the service animal will improve one or more symptoms or effects of the disability.

If an assistance animal provides services as well as emotional support that improves one or more effects of a disability, the Housing Authority may require compliance with either of the two preceding paragraphs, but not both.

“Health or Social Service professional” means a person who provides medical care, therapy or counseling to persons with disabilities, including, but not limited to, doctors, physician assistants, psychiatrists, psychologists, and/or social workers.

In order to minimize the effect on other residents, the Housing Authority prefers but does not require that emotional support animals have an adult weight of 25 pounds or less, that animals be spayed or neutered, and that applicants choose an emotional support animal that is not aggressive toward others.

APPLICATION FOR AN ASSISTANCE ANIMAL

Complete this form if you have a disability and would like to request an assistance animal.

TENANT

NAME: _____

ADDRESS:

TELEPHONE #:

PERSON REQUESTING REASONABLE

ACCOMMODATION: _____

(IF DIFFERENT FROM TENANT)

RELATIONSHIP TO TENANT: _____

1. Is it readily apparent that the assistance animal is a trained service animal?
(for example, an animal trained to assist you with a visual impairment or other physical disability)

_____ Yes _____ No

2. If you answered NO to the first question, please complete the following:

a. Type of animal: _____

b. Is the animal required because of a disability? _____ Yes _____ No

c. Have you provided the Housing Authority with verification of the disability?

_____ Yes _____ No

d. Does the animal perform work or do tasks for you because of your disability?

_____ Yes _____ No

e. Does the animal reduce or alleviate a symptom or effect of your disability?

_____ Yes _____ No

f. If this request is for a second assistance animal, what symptom or effect of your disability is reduced or alleviated by the current (first) assistance animal?

What symptom or effect of your disability is reduced or alleviated by the second requested assistance animal? _____

Tenant Signature _____

Date _____

VERIFICATION OF NEED FOR AN ASSISTANCE ANIMAL

TO: _____
Name and address of health or social service professional

FROM: _____
Housing Authority of the City of Erie (HACE) _____ HACE Representative Name _____ Telephone # _____

Information Regarding Individual Requesting an Assistance Animal

NAME: _____ SS#: _____ Address: _____

The person named above has requested an assistance Animal in the family's rental unit. A person making such a request must have a disability that significantly limits a major life activity. The assistance animal requested must alleviate one or more symptoms of the verified disability. There must be a nexus between the individual's disability and the requested animal.

We ask your cooperation in providing the following information and returning it to the Housing Authority. Your prompt return of this information will help to ensure timely processing of the request. The form can be returned by mail (U.S. Postal Service), email (dennisd@hace.org) or Fax to 814-452-2429.

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.

Printed Name of Requester or Parent if requester is a Minor _____ Signature of Requester or a Parent _____ Date _____

Individual with handicaps (disabilities) as defined in 24 CFR 8.3 means any person who has a physical or mental impairment that substantially limits one or more major life activities; has a record of such an impairment; or is regarded as having such an impairment. As used in this definition, the phrase: Physical or mental impairment includes: (1) Any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems: Neurological; musculoskeletal; special sense organs; respiratory, including speech organs; cardiovascular; reproductive; digestive; genito-urinary; hemic and lymphatic; skin; and endocrine; or (2) Any mental or psychological disorder, such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities. "Handicap" does not include any individual who is a current alcoholic or drug abuser.

The term "Major Life Activities" includes functions such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning and working.

Does the individual identified above have a disability? _____ Yes _____ No

If yes, please complete the following:

1. Does or would an assistance animal alleviate a symptom or effect of the individual's disability?

_____ Yes _____ No

2. Does the animal perform work or do tasks for the individual due to a disability?

Yes No

3. If this request is for a second assistance animal, please state why the individual's disability requires them to have more than one assistance animal. _____
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By my signature below, I verify that the individual named above has a disability that significantly limits a major life activity and of which symptoms can be relieved by an assistance animal. Please check which type of assistance animal would be beneficial.

Service animal

Emotional support animal

NAME AND TITLE OF PERSON SUPPLYING INFORMATION _____

FIRM/ORGANIZATION/MEDICAL FACILITY _____

SIGNATURE _____

DATE _____

Organization Address _____

Phone Number _____

PENALTIES FOR PROVIDING FALSE OR FRAUDULENT INFORMATION:

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any PHA (or any employee of HUD or the PHA) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains, or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages and seek other relief, as may be appropriate, against the officer or employee of HUD or the PHA responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208 (a) (6), (7) and (8). Violations of these provisions are cited as violations of 42 USC 408 (a), (6), (7) and (8).