



Service Animal Request Form

1.1 PLEASE PRINT THIS PAGE

Tenant must sign the Release and print this page to have a qualified, local, licensed practitioner sign. Return an original to our office prior to move in.

X_____

Initial Here

1.2 GENERAL

Date:

Health Care Provider's Name:

Health Care Provider's Address:

Owner's Name: Ubiquity Property Management

Owner's Address: 600 22nd Ave NW, Ste B1, Minot, ND 58703

RE: Request for Service or Assistance Animal

Resident's Name: _____

Resident's Address: _____

The Resident named above has applied for an apartment or is living in our community. The Resident has requested our permission to keep an animal at the apartment. Our lease prohibits residents from keeping animals of any kind at the community. However, if an individual with a disability requests permission to keep an animal, we must consider the request. We must verify that the individual qualifies as disabled under federal law and requires the animal in order to have an equal opportunity to use and enjoy the apartment and community. We would appreciate your cooperation in answering the questions on this form and returning it to the owner listed above. Enclosed is

a stamped, self-addressed envelope for this purpose. The Resident has consented to this release of information, as shown by their signature on this form.

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1.3 INFORMATION REQUESTED - PLEASE PRINT, SIGN, & RETURN

1. Is the Resident disabled as defined below? _____ Yes _____ No

2. In your professional opinion, does the Resident need to keep an animal at the community in order to have the same opportunity that a non-disabled individual has to use and enjoy the apartment and community? _____ Yes _____ No

Federal regulations under the Fair Housing Amendments Act of 1988, Section 504 of the Rehabilitation Act of 1973, and the Americans with Disabilities Act, define "disability" as:

1. A physical or mental impairment that substantially limits one or more major life activities; 2. A record of such impairment; and/or 3. Being regarded as having such an impairment. A **physical or mental impairment includes** (but is not limited to): 1. Any physiological disorder or condition; 2. Cosmetic disfigurement; 3. Anatomical loss affecting one or more of the following body systems: neurological, musculoskeletal, special sense organs, respiratory, speech organs, cardiovascular reproductive, digestive, genito-urinary, hemic and lymphatic, and/or skin and endocrine. 4. Any mental or psychological disorder, such as cognitive delays, organic brain syndrome, emotional or mental illness, and/or learning disabilities. *Drug addiction (other than addiction caused by current, illegal use of controlled substance) and alcoholism (other than addiction caused by current use) are covered by these provisions, as are, for example, cancer, heart disease, HIV, AIDS, and temporary disabilities (such as broken limbs or pregnancy).* **IMPORTANT:** The medical /social service professional verifying the disability and need for an accommodation and/or modification IS NOT required to reveal the specific nature and/or severity of the individual's disability. **As a medical/social service professional with the knowledge necessary to make a determination, I certify that:

Residents Name

qualifies as an individual with a disability as defined above and that the following accommodation and/or modification is consistent with the needs associated with his/her disability.

Accommodation/Modification:

Service/Assistance Animal -



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Signature of Medical Professional: _____

Printed Name: _____

Title: _____ Date: _____

Name of Firm/Organization: _____

Organization Phone Number: _____

Would you be willing to testify in a court of law or related proceeding as to resident's need for the animal? _____ Yes _____ No

Signature

Date

1.4 RESIDENT RELEASE

To the Resident:

You do not have to sign this form if the name or address of either the owner or the Health Care provider is left blank.

RELEASE: I hereby authorize the release of the requested information on this form. Information obtained under this consent is limited to information that is older than 12 months. There are circumstances which would require the owner to verify information up to 5 years old, which would be authorized by me on a separate consent attached to a copy of this consent.

Signature

Date