

Verification – Disability and Need for an Assistance Animal

Name _____ Telephone _____
Address _____ City _____

HOUSEHOLD MEMBER RELEASE

To the Resident/Applicant:

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. There are circumstances which would require the owner to verify information that is up to 5 years old, which would be authorized by me on a separate consent attached to a copy of this consent.

Signature _____ Date _____

Northeast Georgia Housing Authority does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities.

The person named below has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24 CFR, part 8 dated June 2, 1988).

Angela Cothran, 504 Coordinator
437 S. Pond St.
Toccoa, GA 30577
(706)886-9455
TDD (706) 886-0318

The applicant or resident has requested the owner/agent approve reasonable accommodations associated with an assistance animal (service animal, a therapy animal, a support animal or a companion animal).



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The Americans with Disability Act (ADA), Fair Housing Act (FHA) and Section 504 of the Rehabilitation Act (S504) protect the rights of people with disabilities to own assistance animals. In compliance with fair housing guidance, the owner/agent does not restrict the breed or size of an assistance animal. The owner/agent does not charge a deposit or any other fees related to the presence of the assistance animal. Residents are, however, responsible for any damages caused by the assistance animal.

Under the law, assistance animals are not "pets," but rather are considered to be more like assistive aids similar to hearing aids and wheelchairs.

Based on HUD Guidance provided in HUD FHEO Notice 2020-01

(<https://www.hud.gov/sites/dfiles/PA/documents/HUDAsstAnimalNC1-28-2020.pdf>), the owner/agent will allow residents to have an assistance animal if:

- The resident has a disability; and
- The resident needs the animal to ease the symptoms or side effects of the disability or to provide a service.
 - There must be a relationship between the resident's ability to function and the assistance the animal provides.
 - The animal must be necessary to perform a service or task, such as easing symptoms, in order for the resident to use and enjoy their home.

Requested Accommodation:

However, the resident has requested that we waive the pet restrictions and that we do not collect a pet deposit (paid in installments) because this particular animal is required in order to address the symptoms of the resident's disability. This animal would not be considered a pet.

The resident would only be able to continue to live in the unit if we grant this accommodation.

The animal requested is a _____.

The owner/agent is dedicated to making sure that residents with disabilities are provided with accommodations to ensure that they are able to continue to live on the property and have equal access to the housing assistance provided by the owner/agent and the federal government.

Because this property is governed by HUD (Department of Housing & Urban Development) regulations, we are required to verify the resident's disability, if the disability is not obvious or previously known, and we are required to verify the need for a reasonable accommodation and/or modification when the need is not obvious or previously known. This means we must to provide documentation verifying that the modification or accommodation alleviates at least one of the identified symptoms or effects of the existing disability.

We are required to complete our verification process in a short time period. You may mail this form to us at P.O. Drawer J, Toccoa, GA 30577 or you may scan the document and return it to the email address listed below. If you have any questions, please feel free to contact our office.

Thank you, in advance, for your cooperation and prompt response.

Property Manager

Email address

Cc: Applicant/Resident File

Phone Number



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THE FOLLOWING TO BE COMPLETED BY INFORMATION PROVIDER

Re: Resident / Applicant Name

I **can** **cannot verify** that the resident requires an assistance animal, to address the symptoms of his/her disability.

If you cannot verify the necessity for the accommodation, please sign the form and return to the owner/agent.

PLEASE INDICATE ANY AND ALL SITUATIONS THAT APPLY TO THE PERSON WHO SIGNED THIS RELEASE.

1. **Yes** **No** **I do not know**

The applicant resident 1) has a physical or mental condition that severely limits one or more major life activities or 2) the applicant/resident has a record of such a condition or 3) the applicant resident is regarded as having such a condition.

Note: If you answered “No” or “I do not know”, please sign the form and return to the owner/agent.

2. The applicant/resident’s disability requires:

No Assistance Animal (Service or Companion Animal). There are documented **benefits to owning a pet.** However, no assistance animal is required to alleviate one or more symptoms of this person’s disability. The person indicated is able to live in the unit and take advantage of benefits and services provided by HUD and the owner/agent without an assistance animal.

Note: If no assistance animal is required, please sign the form and return to the owner/agent.

A Single Assistance Animal (Service or Companion Animal). The resident requires a assistance animal to alleviate one or more symptoms of this person’s disability. The person indicated is unable to live in the unit and take advantage of benefits and services provided by HUD and the owner/agent without a assistance animal. *(e.g. a dog, cat, small bird, rabbit, hamster, gerbil other rodent, fish, turtle or other small domesticated animal)*

Multiple Assistance Animals (Service or Companion Animals). The resident requires multiple assistance animals to alleviate one or more symptoms of this person’s disability. The person indicated is unable to live in the unit and take advantage of benefits and services provided by HUD and the owner/agent without multiple assistance animals. *Requests for multiple assistance animals indicate that a single animal is not adequate to provide the necessary support. (e.g. a dog, cat, small bird, rabbit, hamster, gerbil other rodent, fish, turtle or other small domesticated animal)*

3. Please describe how the animal will be used to address the symptoms of the disability (i.e. alert resident to medical conditions such as seizures, alert resident to emergencies, reduce stress of isolation caused by the disability, etc.)

Animal 1:

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

NA – Multiple animals are not necessary; or

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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

5. Is the need permanent or temporary? Permanent Temporary

6. Please indicate the extent of service:

The assistance animal must accompany the resident at all times even when animals may not normally be allowed (e.g. management office, dining room, community room)

The assistance animal is not required at all times. The extent of service does not require the assistance animal to be allowed when other animals may not normally be allowed (e.g. management office, dining room, community room)

Additional comments: _____

PENALTIES FOR MISUSING THIS FORM

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 owner (or any employee of HUD or the owner) 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 owner 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). Violation of these provisions are cited as violations of 42 U.S.C. Section 408 (a) (6), (7) and (8).

By signing this document, I certify that the information provided is true and correct.

Physician / Medical Professional (printed name): _____

Signature: _____ Address: _____

Phone No. _____ License Number _____

Email: _____

