

IMPORTANT INSTRUCTIONS FOR OBTAINING AN ACCOMMODATION TO MAINTAIN A SUPPORT ANIMAL

IF YOU REQUIRE AN ACCOMMODATION FOR A SUPPORT ANIMAL, YOU MUST PROCEED WITH THIS APPLICATION.

VETERANS with SERVICE ANIMALS qualify for a \$50 per month rental discount.

To avoid any delay in obtaining approval of your accommodation request for a Support Animal, please provide your application to our ESA email, ESA-applications@arbuilding.com or send your application packet to the address below through the US Postal Service (Regular Post Office) and request a RETURN RECEIPT. Obtaining a return receipt will enable you to document the date we received your application. However, you may send us your application by regular mail, express overnight mail, or any delivery service such as FedEx.

We process all applications immediately upon receipt. You will be notified of a decision on your Support Animal accommodation request as soon as practicable. A decision will be made within 10 days after receiving all necessary application materials.

If you are requesting an accommodation for a Support Animal, please make sure you include documentation from your health care professional that states that you have a disability (the specific nature of the disability is confidential and need not be identified) and that the Support Animal is required to assist you with that disability. This is the most important part of your application.

Your completed application, along with any questions or correspondence, can be:

1. Emailed to ESA-applications@arbuilding.com or,
2. Mailed to:

PROPERTY NAME: _____

P.O. Box 828

Mars, PA 16046

Attention: ASSISTANCE ANIMALS

We comply with all federal, state and local laws and welcome Support Animals and their owners into our community.

Claiming that a pet is a Support Animal for a disability that does not exist is a dishonest and fraudulent act that delegitimizes the proper use of Service Animals for the people who really need them.

Examples of dishonest and fraudulent acts:

- A resident or applicant making a false claim of mental or physical disability.
- A health care professional who “sells” a Support Animal / Service Animal prescription or provides a diagnosis of a disability without a proper examination and without a preexisting relationship with the patient.
- “Patients” and health care professionals who falsely claim ongoing treatment when there has been little if any consultations and no ongoing care.

We will enforce our legal rights against those dishonest and fraudulent individuals that undermine disabled people’s vital right to maintain a Service Animal / Support Animal.

FORM SA – 1 (Page One)

Support Animal Application and Checklist

Support Animal Application

APPLICANT'S NAME: _____

APPLICANT'S PHONE NUMBER: _____

APPLICANT'S EMAIL ADDRESS: _____

APPLICANT'S CURRENT MAILING ADDRESS: _____

We comply with all federal, state, and local laws concerning Support Animals and welcome them into our communities. The law grants us the right to review each case where a new or existing tenant wishes to live with a Support Animal.

You have notified us of your Request for a Support Animal as of _____ (DATE). Prior to making a determination on your Request for a Service Animal / Support Animal accommodation, an individualized assessment is made to determine if a disability exists and if the animal does work, performs tasks, provides assistance or provides therapeutic emotional support with respect to your disability.

Our assessment involves requesting verification from your health care professional. **We have a thorough knowledge of applicable confidentiality laws that apply to this and will not violate your privacy. We will keep records private in accordance to applicable confidentiality laws.**

If you would like us to continue to review your request for an accommodation, the attached forms must be filled out by (1) You, and (2) Your Health Care Professional.

The completed forms should be mailed to:

PROPERTY NAME: _____
P.O. Box 828
Mars, PA 16046
Attention: ASSISTANCE ANIMALS

If you wish to ensure delivery, please mail via certified mail or via a delivery method that provides package tracking. Please be advised that without all of the information requested on all of the forms, we cannot approve your request for a Service Animal / Support Animal.

This matter will be handled by the staff specifically trained on these matters. not by the apartment property staff. In order to ensure your confidentiality will not be violated, property managers have been instructed to not discuss this matter.

There is no fee for submitting a Support Animal application. Our normal rental application fee will be charged when we receive the Support Animal and rental application. Please note that an apartment cannot be reserved for you until your request for a Support Animal is approved. A decision on the Support Animal application will be made within 10 days of receiving all necessary application materials.

FORM SA – 1 (Page Two)

Support Animal Application Checklist

CHECKLIST

- **FORM SA-1 (Page 1) Support Animal Application** to be filled out by Applicant.
- **FORM SA-2 Request for Support Animal** to be filled out by Applicant.
- **FORM SA-3 Applicant's Authorization / Health Care Professional Questionnaire** to be signed by Applicant and given to Applicant's health care professional.
- **LETTER** from health care professional that is signed, dated, and on official letterhead.
- **Health Care Professional's Curriculum Vitae and proof of State licensure**
- **Veterinary certificates of rabies and other inoculations** as applicable.
- **FORM SA-4 Animal Identification Form** to be filled out by resident.
- **PHOTO** of animal.

Request for an Accommodation to Maintain a Support Animal

TO BE FILLED OUT BY APPLICANT

Request for Support Animal

The undersigned does hereby request an accommodation for a Service Animal / Support Animal and acknowledges and states as follows:

1. **Disability Definition** *"Disabled" means with respect to a person -*
 - (1) *having a physical or mental impairment which substantially limits one or more of such person's major life activities,*
 - (2) *having a record of having such an impairment. or*
 - (3) *being regarded as having such an impairment. but such term does not include current illegal use of or addiction to a controlled substance.*

2. **Qualification** Pursuant to the definition above, I qualify as an individual with a disability.

3. **Disability** I represent that I am disabled. The requested Service Animal / Support Animal will provide assistance or perform at least one task that will benefit me or will provide therapeutic emotional support to alleviate a symptom or effect of the disability.

The anticipated length of this disability is _____

4. **Request** By submitting this form, I hereby request that I be permitted to reside with Support Animal at the premises identified below. The statements herein and on all accompanying forms are true and correct to the best of my knowledge, information and belief. I agree that, if approved for an accommodation, the only animal I will keep for this purpose is listed on the Animal Identification Form. I understand that I will not have to pay an additional cost or fee to maintain the Support Animal but will be responsible for any damage caused by the Support Animal.

Applicant's Name: _____

Applicant's Current Address: _____

Date

Signature of Applicant

**TO BE FILLED OUT BY APPLICANT AND PROVIDED
TO HEALTHCARE PROFESSIONAL**

Applicant's Authorization / Health Care Professional Questionnaire

Applicant's Name: _____

Applicant's Current Address: _____

I, _____ (APPLICANT),
hereby request that you provide the information requested below to:

PROPERTY NAME: _____

Applicant's Signature

Date

Dear Health Care Professional,

In order to verify _____ (Applicant's) need for an accommodation to maintain a Support Animal, we would like you to provide the following information.

1. Your certification under separate cover, that based upon your professional opinion, that the Applicant is disabled. ***A disabled person means a person having a physical or mental impairment which substantially limits one or more of such person's major life activities, having a record of such an impairment, or being regarded as having such an impairment, but such term does not include current illegal use of or addiction to a controlled substance.***
2. Your certification under separate cover, that based upon your professional opinion, that a specifically identified Support Animal will provide assistance or perform at least one task that will benefit the person or will provide therapeutic emotional support to alleviate a symptom or effect of a disability. You should also state the period of time in which Applicant will have the disability, when you began to treat the Applicant for the disability as defined above, how your diagnosis of the Applicant's disability was made (By Physical Examination / In-Person Consultation or via telecommunications / internet), date of initial consultation, date of last consultation and whether you will continue to treat the Applicant and how the animal will assist the Applicant in assisting with the disability.

FORM SA-3 (Page Two)

You must also provide a copy of your *Curriculum Vitae* and your State Licensure information showing that you are qualified to determine that the Applicant is disabled. Please note that if a legal dispute arises over the Applicant's request for an accommodation, you may be required to testify to support your certification.

Signature of Provider

Date

FORM SA-4

TO BE FILLED OUT BY APPLICANT

Animal Identification Form

ANIMAL NAME: _____

Type of animal _____ Breed _____

Age _____ Approximate Weight _____ Color _____

Describe any special training or certifications (if applicable)

Has the animal ever bitten or attacked a person, other animal, or been reported to authorities (police, animal control) for any incident or for any reason? _____ If yes, please provide details including date(s).

As applicable to all tenants, animals may not be in the common areas of the community unless on a leash or an approved device based upon the animal's certification.

The animal's owners are responsible for cleaning up after the animal and/or for any damage done by the animal.

As applicable to all tenants, if the Service Animal / Support Animal is a Dog, the owner will submit a sample of the dog's DNA to PooPrints, the service we use to ensure that dog waste is properly picked up from the common areas of the property.

Animals may not disturb the peaceful and quiet enjoyment of the other tenants.

I have been provided with the Landlord's / Community regulations and rules relating to animals with which I will comply.

I affirm that the animal is in compliance with all state and local laws concerning licensure and inoculations.

I have read the rules and regulations concerning animals (both above and those policies of the Landlord / Community) and agree to their terms.

Applicant's signature

Date