

MEDICAL REQUEST FOR COMPANION ANIMAL

Name of person making request _____

A request has been made to allow a companion animal to reside with the above named individual. Such a request has been made pursuant to the Fair Housing Act. In order to qualify for a companion animal exemption to the normal rules of the community, the person making the request must qualify as handicapped as defined, which is:

- (1) A physical or mental impairment which substantially limits one or more of such person's major life activities,
- (2) 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.

Additionally, the companion animal must assist the person in dealing with the disability.

Much like a prescription, this request is made because of the medical providers opinion that the companion animal may be necessary to afford the disabled person an equal opportunity to use and enjoy the leased premises. With this request and upon approval, the management of the premises may not charge pet rent or other fees normally charged to persons with pets. Companion animals are not pets but animals that are determined by competent professionals to be important and necessary part of treatment or assistance of a disability/handicap.

Medical Provider's Name _____

Phone Number _____

Expiration Date of this Request _____

I certify that the above named person is handicapped as defined above and that the animal described below is, in my medical opinion, necessary to afford an equal opportunity to use and enjoy the leased premises.

Animal Description _____

Date

Medical Provider's Signature