

Moundsville Housing Authority

501 Tenth Street – Moundsville, WV 26041
Phone (304) 845-3141 – Fax (304) 845-3147

DATE RECEIVED BY MHA: _____

APPROVED BY: _____

DATE APPROVED: _____

Registration & Application for Service or Assistance Animal Ownership

APPLICATION TYPE: Service Assistance

TENANT NAME: _____ UNIT: _____

I hereby make application for a written SERVICE OR ASSISTANT ANIMAL PERMIT to keep the following described animal in my dwelling unit, as specifically authorized under the rules and regulations set forth herein. It is understood that no substitutions are allowed, and no other pet shall be permitted on the premises.

Documentation is required stating the qualifying disability and medical need for a service or assistance animal. This is a requirement of this application and must be submitted at time of application.

Please check the type of pet described herein:

SERVICE ANIMAL: Dog (only animal permitted for this type of application)

ASSISTANCE ANIMAL: Dog Cat Bird Other: _____ (must specify)

TO BE COMPLETED BY THE VETERINARIAN OR ADOPTION AGENCY QUALIFIED PERSONNEL

NAME OF ANIMAL: _____ BREED: _____

COLOR: _____ AGE: _____ ADDITIONAL MARKINGS: _____

If it is a mix breed, please give a detailed description of the breeds included in animal's pedigree:

CURRENT HEIGHT: _____ CURRENT WEIGHT: _____

If animal has not reached full maturity:

PROJECTED HEIGHT: _____ PROJECTED WEIGHT: _____

DESCRIPTION OF ANY KNOWN DEFORMITIES: _____

LICENSE NO (if applicable): _____ IS ANIMAL HOUSEBROKEN? _____

HAS ANIMAL RECEIVED ALL INNOCULATIONS? _____

DATE OF LAST RABIES SHOT: _____ DATE OF LAST DISTEMPER SHOT: _____

DATE WHEN PET WAS SPAYED OR NEUTERED: _____

VETERINARIAN'S/SHELTER OFFICIANT SIGNATURE _____ DATE _____

NAME OF VETERINARIAN CLINIC/ADOPTION AGENCY: _____

ADDRESS: _____

PHONE: _____

A copy of all shot records and evidence of the above listed information from a licensed veterinarian must be submitted to the Housing Authority for inclusion in the tenant file. A color photograph of the pet must also be attached to this application.

In application for the above I hereby attach the following documentation and required fees:

Medical Documentation
(MANDATORY) (FORM 3009)

Proof of Renters' Insurance (optional but recommended)

Veterinarian Records (MANDATORY)

Other: _____

Alternate Custodian Form (MANDATORY)

Color photo of pet (MANDATORY)

Request for Reasonable Accommodation
(FORM 3006)

PLACE COLOR
PHOTOGRAPH OF
ANIMAL HERE

APPLICANT DECLARATION

I have received a copy of the Pet Policy of the Moundsville Housing Authority and have read and understood the entirety of the policy. I hereby state that the facts and information give in this application for animal ownership are true and accurate. I understand that if these facts are not true and accurate the permit granted will be revoked and I will be required to remove the pet from MHA property. Noncompliance with these rules and regulations can result in a lease violation leading up to possible eviction.

- I agree to abide by the requirements outlined in this lease addendum for pet ownership and to keep the service or assistant animal(s) in accordance with the pet policy.
- I agree and understand that I am liable for any damage or injury whatsoever caused by my service or assistant animal(s) and shall pay MHA for any damages or injury caused by the service or assistant animal(s). I also realize that I should obtain liability insurance for pet ownership and that paying for the insurance is my responsibility.
- I agree to accept full responsibility and will indemnify and hold harmless MHA for any claims by or injuries to third parties or their property caused by my service or assistant animal(s).
- I AGREE AND UNDERSTAND THAT ALL INFORMATION CONCERNING MY SERVICE OR ASSISTANCE ANIMAL MUST BE UPDATED ANNUALLY AND PROVIDED TO THE MHA AT THE ANNUAL REEXAMINATION.
- I AGREE AND UNDERSTAND THAT VIOLATING THIS LEASE ADDENDUM MAY RESULT IN EVICTION.

SIGN IN FRONT OF NOTARY

Animal Owner Name (Print)

Animal Owner Name (Signature)

Date

STATE OF WEST VIRGINIA
COUNTY OF _____

Before me, _____, on this day appeared _____,
Notary Name Name of Signer(s)

to be the person(s) whose name is/are subscribed to the foregoing instrument and acknowledged to me that he/she/they executed the same for the purposes and consideration therein expressed.

Given under my hand and seal of the office this _____ day of _____, _____.

Notary Signature

Notary Expiration Date

(SEAL)

ANIMAL ALTERNATE CUSTODIAN STATEMENT

I understand that I must take full responsibility for the pet listed above and owned by:

_____ who resides at _____
Tenant's Name Tenant's Address

This address is a unit owned by the Moundsville Housing Authority. At any time the pet owner becomes unable to maintain said pet through reasons of illness, death, disability or absence from the unit, I understand that I must assume such responsibility at any time the Housing Authority contacts me that such action is needed.

Alternate Custodian Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Alternate Contact Phone: _____

SIGN IN FRONT OF NOTARY

Alternate Custodian Name (Print)

Alternate Custodian Name (Signature)

Date

STATE OF WEST VIRGINIA
COUNTY OF _____

Before me, _____, on this day appeared _____,
Notary Name Name of Signer(s)

to be the person(s) whose name is/are subscribed to the foregoing instrument and acknowledged to me that he/she/they executed the same for the purposes and consideration therein expressed.

Given under my hand and seal of the office this _____ day of _____, _____.

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REQUEST FOR REASONABLE ACCOMMODATION/MODIFICATION

All requests for reasonable accommodations/modifications must be documented as necessary due to a disability that significantly limits one or more major life activities.

Date of Original Request Verbal Written (*check one*)

Date Form Completed (If Different From Date of Original Request): _____

Family Head of Household: _____

Address: _____

Cell Phone: _____ Home Telephone: _____

E-mail Address: _____

Name of Family Member Requiring Reasonable Accommodation: _____

Justification of Need:

Accommodation Requested (Be as specific as possible, e.g., interpreter, emotional support or assistance animal, ramp at front door, transfer, etc.):

If Accommodation is time-sensitive, please explain:

3rd Party Verification of Need Attached.

You do not have to attach 3rd party documentation to this request to invoke your rights to reasonable accommodation. Verifications may be obtained after you submit your request, but before a decision is made.

Signature/Requestor

Date Requested

Signature/PHA Representative Receiving Request

Date Received

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VERIFICATION OF DISABILITY

FOR DETERMINING REASONABLE ACCOMMODATION/MODIFICATION NEEDS

APPLICANT/PROGRAM PARTICIPANT REQUESTING REASONABLE ACCOMMODATION/MODIFICATION

NAME: _____ SS# _____

ADDRESS: _____

The person named above has requested an accommodation or modification under a program funded by the U.S. Department of Housing and Urban Development (HUD). HUD requires the PHA to verify all information that is used in determining this person's level of benefits. The Applicant/Program Participant, by his/her signature at the bottom of the following page has signed this release and requests that you provide the requested information to the PHA.

We ask your cooperation in providing the following information and returning it to the person listed at the top of the page. Your prompt return of this information will help to ensure timely processing of the application for assistance. Enclosed is a self-addressed, stamped envelope for this purpose.

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 impairment; or is regarded as having such 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; genitourinary; 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. The term physical or mental impairment includes, but is not limited to, such diseases and conditions as orthopedic, visual, speech and hearing impairments, cerebral palsy, autism, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, mental retardation, emotional illness, drug addiction and alcoholism.

Major life activities mean functions such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working.

Has a **record of such an impairment** means has a history of, or has been misclassified as having, a mental or physical impairment that substantially limits one or more major life activities.

Is regarded as having an impairment means:

(1) Has a physical or mental impairment that does not substantially limit one or more major life activities but that is treated by a recipient as constituting such a limitation.

(2) Has a physical or mental impairment that substantially limits one or more major life activities only because of the attitudes of others toward such impairment; or

(3) Has none of the impairments defined in paragraph (a) of this section but is treated by a recipient as having such an impairment.

The term **does not include** any individual who is an alcoholic or drug abuser whose current use of alcohol or drugs prevents the individual from participating in the program or activity in question, or whose participation, by reason of such current alcohol or drug abuse, would constitute a direct threat to property or the safety of others.

Based on the definition on the previous page, it is my professional opinion that the person named on this release is: (Mark an 'X' on the applicable blank be/ow)

_____handicapped/disabled _____not handicapped/disabled

Please list the initial date of the handicap/disability: _____

If handicap/disability is expected to last less than lifetime, please estimate

Date that accommodations or modification in housing will no longer be needed: _____

Please check mark the specific accommodations or modifications in housing that are required due to this person's handicap/disability:

<input type="checkbox"/> Handicap Parking Space	<input type="checkbox"/> Designated Parking Space	<input type="checkbox"/> 504 (Wheelchair) accessible unit	<input type="checkbox"/> Maximum mobility distance _____ feet
<input type="checkbox"/> Shower/Tub Grab Bar	<input type="checkbox"/> Grab Bar at Toilet	<input type="checkbox"/> Separate Sleeping Room	<input type="checkbox"/> Lighted Doorbell
<input type="checkbox"/> Strobe Smoke Detector	<input type="checkbox"/> Brighter Lighting	<input type="checkbox"/> Additional room for medical equipment	<input type="checkbox"/> Range with Front Controls
<input type="checkbox"/> Lever Doorknobs	<input type="checkbox"/> Doorbell	<input type="checkbox"/> Motion Sensor Porch Light	<input type="checkbox"/> Ramp to Unit
<input type="checkbox"/> Emotion Support or Assistance Animal	Type of Animal Required: _____	<input type="checkbox"/> Live-in Aide (If checked you must complete the live-in aide form)	
<input type="checkbox"/> Other – please specify:			

NAME AND TITLE OF PERSON SUPPLYING INFORMATION

FIRM/ORGANIZATION/MEDICAL FACILITY

SIGNATURE

DATE

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.

Signature _____ Date: _____

Note to Applicant/Tenant: You do not have to sign this form if either the requesting organization or the person/organization supplying the information is left blank.

PENALTIES FOR MISUSING THIS CONSENT:

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).

