



MERIDIAN GROUP

Real Estate Management, Inc.
5290 Overpass Road, Bldg. D
Santa Barbara, CA 93111

Resident's Request for Assistance Animal

The undersigned does hereby request an assistance animal and does hereby attest and state as follows:

1. Disability Definition I am aware of the requirements of the Fair Housing Act and its definitions which include:

"Disability" means, with respect to a person -

(1) having a physical or mental impairment which substantially limits one or more of such a 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 do qualify as an individual with a disability.

3. Impairment I represent that the requested assistance animal is necessary to provide assistance with my disability.

The anticipated length of this disability is _____

The prescribing doctor is _____

Address: _____

Telephone number: _____ Fax number: _____

Email address: _____

4. Request I do hereby request that I be able to reside with an assistance animal at the premises below. I certify that the statements herein are true as provided on the Animal Identification Form and the Medical Request for an Assistance Animal. I agree that the only animal I will keep for this purpose is listed therein and that I will abide by the rules and regulations of the community regarding animals. I understand that I will not have to pay additional costs or fees for the assistance animal but will be responsible for any damage caused. I request that my health/social service professional provide verification of the required information to my housing provider to assist in making this determination.

Applicant's Name _____

Premises Address _____

Dated _____

Signature of Applicant



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Animal Identification Form

Type of animal _____ Breed _____

Age _____ Approximate Weight _____ Color _____

County Animal Control License # _____

Describe any special training or certifications _____

Has the animal ever been reported to authorities (police, animal control) for any incident or for any reason? _____. If yes, please provide details.

Animals may not be in the common areas of the community unless on a leash or an approved device based upon the animal's certifications.

Animals may be restricted from specific areas.

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

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

The Community may have other regulations and rules relating to animals.

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

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

Resident's signature

Date

Please provide a photo of the animal.



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Verification for Assistance Animal

Name of Person making Request _____

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

"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.***

Additionally, the assistance animal must assist the person in ameliorating the disability and/or the major life activities effected.

Much like a prescription, this request is made because of the professional's opinion that the assistance 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 must allow the animal on the premises and is prohibited from charging pet rent or other fees normally charged to persons with pets. Assistance animals are not pets but animals that are determined by competent professionals to be an important and necessary part of treatment or assistance of a disability.

Professional's Name: _____ Telephone Number: _____

I certify that I have sufficient information and have consulted with the person making this request in order to make this determination. I certify that the above named person is disabled as defined above and that the animal described below is, in my professional opinion, necessary to afford an equal opportunity to use and enjoy the leased premises.

Prescribed Animal's Description:

Date

*Signature of Medical Provider,
Health or Social Service Professional*



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Penalties for Misusing this Consent

18, Section 1001 of the US Code states that a person is guilty of a felony for knowingly and willingly making false and fraudulent statements to any department of the United States Government. HUD, the PHA, and any owner (or any employee of HUD, the PHA, 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 willfully 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, the PHA, 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 41 USC 208 (f)(g) and (h). Violations of these provisions are cited as violations of 42 USC 408 f, g, and h.

**Signature of Medical Provider,
Health or Social Service Professional**

Date

Name/Title

ALL PAGES SHOULD BE COMPLETED AND RETURNED TO:

Manager

MERIDIAN GROUP
5290 Overpass Road Building D
Santa Barbara, CA 93111

Phone: _____

Fax: _____

Email: _____