

ANNUAL APPLICATION TO REQUEST A SERVICE OR ASSISTANCE ANIMAL

The Federal Fair Housing Act and other state and local fair housing laws require that housing owners and managers provide reasonable accommodations for residents who have disabilities. The Vassar Square Condominium Association ("Association") is committed to granting reasonable accommodations when necessary to afford persons with disabilities the equal opportunity to use and enjoyment of a dwelling at Vassar Square.

Under the Federal Fair Housing Act and the American with Disabilities Act, a person with a disability is defined as a person who has a physical or mental impairment that substantially limits one or more major life activities, a person who is regarded as having such impairment, or a person with a record of such impairment. Reasonable accommodations may include waiving or varying Association rules or policies to allow a resident to keep a "service or assistance animal". A "service animal", under the American's with Disabilities Act, is a dog that is individually trained to do work or perform tasks for the benefit of an individual with a disability ("service animal"). An "assistance animal", under the Fair Housing Act, is an animal that does work or performs tasks for the benefit of the person with the disability, or provides emotional support or other assistance that alleviates one or more symptoms or effects of a person's disability. ("Assistance Animal")

If you or someone associated with you has a disability and you believe that there is a need for a service or assistance animal as a reasonable accommodation for the person with the disability to use and enjoy a dwelling unit at Vassar Square, please complete this annual application form and return it to the management office. Please check all items that apply and answer all questions thoroughly. The Association will answer this request in writing within 30 days. All information provided to the Association in connection with this request will be kept confidential, except otherwise required by law. If you require assistance in completing this form, please call the office directly at (609) 822-1123 for assistance or to make an in person oral request for assistance. If the applicant is approved by the Association, approval expires one year from the approval date. Applicants may reapply annually for additional one year approvals.

1. Do you require assistance filing out this form?
- Yes
 - No

If your answer is “Yes” and you do not have someone who can assist you, please ask Gregg Bidlack, General Manager, at (609)822-1123 to assist you in filling out this form.

If your answer is “No”, continue to Question no. 2.

2. The person who has the disability requiring a reasonable accommodation is (please check one):

_____ Me. If you answered “Me”, continue to question 3.

_____ A person making a reasonable accommodation request on behalf of or assisting the person with a disability who needs a service or assistance animal. After filling out the following, continue to question 3 and fill out the information regarding the person for whom you are requesting a reasonable accommodation.

Name of Person filling out form: _____

Address: _____

Telephone _____

Relationship to person requesting service or assistance animal _____

3. Name of the person with a disability for whom a reasonable accommodation is being requested: _____

Telephone _____

Address _____

4. Is the person with a disability requesting an accommodation of a service or assistance animal so that you, he or she can have an equal opportunity to use and enjoy a dwelling at Vassar Square Condominium.

- Yes
- No

5. Designate the species of service or assistance animal for which you are making a reasonable accommodation request e.g., “dog”, “cat”

6. (a) Provide the name and physical description (size, color, weight, any tag and/or needed license) of the service or assistance animal for which you are making a reasonable accommodation request:

(b) Photo must be provided for Association

7. Does the service or assistance animal perform work or do tasks for you or the person on whose behalf you are making this request because of the disability?

Yes _____

No _____ (if “no”, continue to Question 8)

Please submit if the answer is yes:

(a) A certificate which is attached must be completed from your treating licensed health or social service professional dated no more than 45 days prior to the date of this request, indicating that you have a disability (i.e. you have a physical or mental impairment that substantially limits one or more major life activities); or a person with a record of such impairment; and

(b) Explain below how the service or assistance animal has been trained to do work or perform tasks that alleviate one or more symptoms or effects of your disability or, if the service or assistance animal lacks individual training, how the service or assistance animal is able to do work or perform tasks that would alleviate one or more symptoms or effects of your disability:

You may provide any additional information of the training or work you describe above and attach it to this application.

8.If the service or assistance animal for which you, or the person for whom or are making this request, are making a reasonable accommodation request does not perform work or do tasks because of such disability, but provides emotional support or other assistance that alleviates one or more symptoms or effects of your disability, please submit a certificate from your licensed health or social service professional, dated no more than 45 days prior to the date of this request, stating that (a) a disability (i.e. a physical or mental impairment that substantially limits one or more major life activities); or a person with a record of such impairment; and (b) the animal would provide emotional support and other assistance that would alleviate one or more symptoms or effects of said disability or the person for whom you are making this request, and how the animal alleviates the symptoms or effects. Please attach certification by approved care individual.

9. Licenses: Companion animals should be licensed in accordance with all applicable state and local laws. Copy of license must be provided for files.

10. Vaccinations and Inoculations: Please attach a document from a qualified veterinarian indicating the companion animal has met all inoculation requirements in your area. The document should indicate types of vaccinations and inoculations received and dates received.

11. The undersigned acknowledges the receipt of a copy of the Association's Rules and Regulations, including Rule 9 (as restated), dealing with service and assistance animals. The undersigned agree that if the undersigned request is consented to by the Association, the undersigned will comply with that rule and if the undersigned fails to do so, the Association may withdraw the consent.

12. This approval shall expire one year from date hereof unless a new application is submitted and approved not less than ten days prior to the date set below.

Signature of person making request

Date

Signature of person with disability

Date

TO BE COMPLETED BY MANAGEMENT

Form accepted by: _____

Date: _____

Signature

CERTIFICATION BY APPROVED CARE INDIVIDUAL

I am over eighteen years of age and competent to furnish this certification.

1. My name is _____

2. I am licensed by the state of _____

3. My Practice specialty is _____,
A copy of my license is attached.

4. My office is located at _____

My phone number is _____

5. I am the treating professional of: _____
(Patient)

6. On or about _____, I diagnosed Patient with a reasonable
Degree of certainty as suffering from a physical and/or mental disability/handicap
(circle all that apply)

7. Within a reasonable degree of certainty, I, a mental health service provider, have
determined that the Patient's medical/mental condition(s) began on or about _____ and is
likely to continue until _____.

8. Within a reasonable degree of certainty of a mental health service provider, I have
concluded that Patient's medical/mental condition substantially limits Patient's major life

activities as follows: (list the major like activities affected by the disability) And the animal is able to ameliorate the disability by

9. I prescribed an emotional support animal and/or service animal as part of Patient's medical treatment.

10. The (emotional support animal/service animal/ reasonable accommodation) is necessary and will assist Patient in:

11. It is my opinion as a mental health service provider that Patient is handicapped as that term is defined under the Fair Housing Act, and/or Americans with Disability Act, and the animal is medically necessary to afford Patient an equal opportunity to use and to enjoy the unit/home.

12. This affidavit is made to induce Vassar Square Condominium Association to make reasonable accommodations based upon medical, mental and/or physiological disability/handicap substantially limiting one or more Patient's major life activities which does not include current, illegal use or addiction to a controlled substance.

13. I solemnly affirm under the penalty of perjury that the contents of the foregoing Certification of the Mental Health Service Provider Treating _____ are true to the best of my knowledge, information and belief. (Patient)

Date: _____

Signature: _____

Print name with legal designation, e.g. MD

State of: _____

County of: _____

To wit: I hereby certify that on the _____ day of _____ 20 _____

Before me, the subscriber, a notary public of the State of _____ in and for (here insert name of county for which the notary is appointed),

_____ personally appeared

_____ (name(s) of person(s) swearing and made

_____ (oath or affirmation) in due form of law that the matters and facts set forth in the attached application (here described document to which the person(s) is or are swearing) are true and correct.

As witness, my hand and notarial seal.

Signature of Notary: _____

My commission expires: _____