

Stevens Point Housing Authority
Addendum to Pet Policy, Lease Addendum No. 5
Reasonable Accommodation for Service Animal or Emotional Support Animal

Obligations of housing providers under the Fair Housing Act (FHAct), Section 504 of the Rehabilitation Act of 1973 (Section 504), and the Americans with Disabilities Act (ADA) with respect to animals that provide assistance to individuals with disabilities.

A service animal or emotional support animal is not a pet. The person with the disability must show a link between his/her disability and need for the animal.

Service Animal: Any animal that is individually trained to do work or perform tasks for the benefit of an individual with a disability. The service animal learns to recognize and respond to the person's environment and actions. Under ADA only dogs and miniature horses are recognized as service animals.

Emotional Support/Comfort/Assistance Animal: Any animal that provides emotional support, well-being, or companionship that alleviates the symptoms of disability; not individually trained. Emotional support animals have been proven to help diminish the symptoms of disabilities by providing therapeutic nurture and support. Under FHA, emotional support animals are not limited to dogs and can be any species of animal.

For purposes of reasonable accommodation requests, neither the FHAct nor Section 504 requires an assistance animal to be individually trained or certified. While dogs are the most common type of assistance animal, other animals can also be assistance animals.

A reasonable accommodation is a change, exception, or adjustment to a rule, policy, practice, or service that may be necessary for a person with a disability to have an equal opportunity to use and enjoy a dwelling, including public and common use spaces.

Residents with service animals or emotional support animals are expected to be responsible animal owners and shall adhere to appropriate requirements in the Pet Policy, Lease Addendum No. 5. Under this Addendum section 1, 6, 7, 8, 11, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, and 26 of the Pet Policy apply.

Residents will submit documentation within 30 days of application that the animal has been spayed/neutered, has distemper and rabies shots, has a City pet license. Unless veterinarian verifies in writing pet cannot be spayed/neutered; or have shots because it would be dangerous to its health. No pet deposit is required for this reasonable accommodation.

Residents are responsible for the animal's care and maintenance. A person who uses a service animal or emotional support animal is responsible to pick up and dispose of his/her animal's waste; or have someone available to manage this chore for them.

If a service or emotional support animal causes damage to the unit or common areas of the dwelling, the housing provider may charge the resident for the cost of repair, if it is the provider's practice to assess residents for any damage they cause to the premises.

Can my request for an accommodation be denied?

Management may deny a request for a service animal or assistance/comfort/emotional support animal if it would:

- Pose a direct threat to the health or safety of others.
- Result in substantial physical damage to the property or the property of others.
- Pose an undue financial and administrative burden, or
- Fundamentally alter the nature of the provider's operation.

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APPLICATION

Date: _____

Name of Resident: _____

Address: _____ Phone: _____

Cell: _____ E-mail: _____

Type of animal: Dog Cat Other: _____

Service Animal Emotional Support Animal

Responsible Party: The following person is designated by me to be contacted in the event I am unable to care for my service/emotional support animal:

Name	Address	Phone #
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I request approval of management to keep this service animal on the premises.

Signature of Resident	Date
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→ You must take page #3 to your medical professional so they may complete it.

For Office Use Only

Resident will be informed by the Management if their application has been approved or denied within 30 days of the receipt of this request.

Approved

Denied Reason: _____

Signature of Management Staff	Date
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Permits are issued for all animals approved to be on the premises and are affixed to the entrance door of the apartment. This is to alert staff that a live animal is in the apartment.

Permit #: _____

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We, as the landlord have the right to request information about how this accommodation will mitigate the resident's disability to allow them to fully participate in the program. Please do not reveal the specific diagnosis or nature of the disability. Please use the letter below and return to Stevens Point Housing Authority, 1300 Briggs Ct., Stevens Point, 54481 within 30 days.

Date: _____
Resident Name: _____ Address: _____

Letter from Medical Professional

Dear Stevens Point Housing Authority Management,

_____ is my patient, and has been under my care. I am intimately familiar with his/her history and with the functional limitations imposed by his/her disability. In my professional opinion, the above named individual is disabled as defined below.
(Please check one or more boxes as necessary)

- (1) A disabled person is one with an inability to engage in any substantial gainful activity because of any physical or mental impairment that is expected to result in death or has lasted or can be expected to last continuously for a least 12 months; or for a blind person at least 55 years old, inability because of blindness to engage in any substantial gainful activities comparable to those in which the person was previously engaged with some regularity and over a substantial period.
- (2) A developmentally disabled person is one with a severe chronic disability that:
 - (a) is attributable to a mental and/or physical impairment;
 - (b) as manifested before age 22;
 - (c) is likely to continue indefinitely;
 - (d) results in substantial functional limitations in three or more of the following areas: capacity for independent living, self-care, receptive and expressive language; learning, mobility, self-direction, and economic self-sufficiency AND
 - (e) required special interdisciplinary or generic care treatment, or other services which are of extended or lifelong duration and are individually planned or coordinated.
- (3) A disabled person is also one who has a physical, emotional or mental impairment that:
 - (a) is expected to be of long-continued or indefinite duration;
 - (b) substantially impedes the person's ability to live independently;
 - (c) is such that the person's ability to live independently could be improved by more suitable housing conditions.

In order to help alleviate these difficulties, and to enhance his/her ability to live independently and to fully use and enjoy the dwelling unit you own and/or administer, I have prescribed my patient obtain (choose one):

- an emotional support animal,
- a service animal.
- Keep the emotional support animal or service animal they currently own.

The presence of this animal is necessary for the mental and/or physical health of my patient.

Please describe how this animal accommodation will enable the resident to use or enjoy this apartment community. _____

Sincerely,

Signature: _____ Date: _____

Name (Please Print): _____

Position: _____

Address: _____ Phone Number: _____