

Assistive/Companion Animal Request Verification

To: Physician Name: _____

RE: _____

Physician Address: _____

Applicant/Tenant Name

D.O.B. _____

FROM: RED WING HRA
428 W 5TH ST
RED WING, MN 55066

Please Contact _____
at (651) 388-7571 if you have any questions. Fax: (651) 385-0551

PERMISSION FOR RELEASE OF INFORMATION

You do not have to sign this form if either the requesting organization or the organization supplying the information is left blank.

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. There are circumstances, which would require the owner to verify information that is up to 5 years old, which would be authorized by me on a separate consent, attached to a copy of this consent.

Applicant/Tenant Signature

Date

THIS SECTION TO BE COMPLETED BY APPLICANT'S/TENANT'S LICENSED PROFESSIONAL*

*RELEVANT TO THE DISABILITY BEING VERIFIED

The household member named above has requested management's permission to keep an **assistive/companion animal** at the property. The lease prohibits households from keeping animals of any kind at the property. However, if an individual with disabilities requests permission to keep an animal at the property, their request must be considered by management. Additionally, management must verify that the individual qualifies as "disabled" under federal law and requires the animal in order to have an equal opportunity to use and enjoy the property.

Please review the definitions below and indicate whether or not the applicant is handicapped or disabled as defined in Section 223 of the Social Security Act, or Section 102 (b)(5) of the Developmental Disabilities Services and Facilities Construction Amendment of 1970, or as defined in 24 CFR Section 812.2(c) or Section 504 of the Rehabilitation Act of 1973.

A. Inability to engage in any substantial, gainful activity by reason of any medically determinable physical or mental impairment which can be expected to result in death or which has lasted or can be expected to last for a continuous period of not less than 12 months. **Yes** **No**

B. In the case of an individual who has attained an age of 55 and is blind (within the meaning of "blindness" as defined in Section 416 (i) (1): inability by reason of such blindness to engage in substantial gainful activity in which he/she has previously engaged with some regularity and over a substantial period of time. **Yes** **No**

C. A disability attributable to developmental disability, cerebral palsy, epilepsy, or another neurological condition of an individual found by the Secretary (of Health, Education, and Welfare) to be closely related to developmental disability or to require treatment similar to that required for developmentally disabled individuals, which disability originates before such individual attains age twenty-two, which has continued or can be expected to continue indefinitely, and which constitutes a substantial handicap to such individual.

Yes No

D. A handicapped person as defined in 24 CFR Section 812.2(c): a person having a physical or mental impairment which (1) is expected to be of long-continued and indefinite duration, (2) substantially impedes his/her ability to live independently, **and** (3) is of such nature that such a disability could be improved by more suitable housing conditions.

Yes No

E. An individual with handicaps as defined in Section 504 of the Rehabilitation Act of 1973 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.

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, Human Immunodeficiency Virus Infection, mental retardation, emotional illness, drug addiction and alcoholism. This definition doesn't include any individual who is a drug addict and is currently using illegal drugs or an alcoholic who poses a direct threat to property or safety because of alcohol use.

Yes No

In your licensed professional opinion, does the household member need to keep an assistive/companion animal at the property in order to have the same opportunity that a nondisabled/handicapped individual has to use and enjoy the property?

Yes No

If you are unable to complete this form, please indicate the reason:

I certify that this form is completed in response to a direct and explicit request of the patient.

Signature _____ Date _____
Print your name: _____ Title: _____

Phone _____ Address _____

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, 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 Penalty provisions for misusing the social security number are contained in the Social Security Act at 42 U.S. C. 208(f)(g) and (h). Violation of these provisions are cited as violations of 42 408(f)(g) and (h). 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.