

PENINSULA HOUSING AUTHORITY
2603 South Francis Street, Port Angeles, Washington 98362
Telephone (360) 452-7631 • Fax (360) 457-7001
Email: info@peninsulapha.org

REQUEST TO ALLOW A SERVICE ANIMAL

This request is for _____ to maintain a service animal in their residence at _____.

The animal is a dog. Breed: _____

If the animal is not a dog the animal is a _____

The name the animal answers to is _____

Description: (Color, markings, tail, no tail, color of eyes, etc.)

Current size (small, medium, large): _____ Current weight: _____

Current license tag number: _____ Date expires: _____

NAMES OF OTHER PERSONS WHO WILL CARE FOR THE SERVICE ANIMAL IF

RESIDENT IS UNABLE TO DO SO: (You must list two.)

1) Name _____ Phone: Day _____

Address _____ Phone Evening _____

City, state, zip _____

2) Name _____ Phone: Day _____

Address _____ Phone Evening _____

City, state, zip _____

I have received a copy of the service animal policy and by my signature below agree to its terms and conditions.

Signature of Applicant

Date

Certification by Veterinarian

PLEASE CHECK ALL THAT APPLY:

The animal listed on the front side of this document is currently under my care and in compliance with all required and recommended inoculations, vaccinations or medical care.

If not, please comment (for example: pet too young for certain vaccinations) and state recommended date for correction.

If this animal is a dog, the animal is a non-aggressive breed.

If not, please comment: _____

The animal has been spayed/neutered. Date _____

The animal has not been spayed/neutered because _____

Recommended date for procedure: _____

Veterinarian name _____

Address _____

City, state, zip _____

Phone _____

Signature

Date



To: QUALIFIED INDIVIDUAL (e.g., counselor, social worker, doctor, rehabilitation center, service agencies, self-help group, clinics, or other entity identified by the person requesting a Service Animal)

_____ has requested that the Peninsula Housing Authority provide the following reasonable accommodation(s):

The Housing Authority is required by law to provide reasonable accommodations to disabled applicants/residents that will provide them with **equal opportunity to use and enjoy our housing programs, their unit and/or common areas**. The Housing Authority does **not** provide reasonable accommodations when the request is a matter of convenience or preference only.

Please verify that the above requested accommodation: **(1) is related to the applicant's / resident's disability; and (2) would provide the applicant/resident with an equal opportunity to enjoy our housing programs or that the applicant's/resident's disability restricts them from performing this task.**

I, _____, do/do not (**please circle one**) believe that the above requested accommodation: (1) is related to the applicant's/resident's disability; and (2) would provide the applicant/resident with an equal opportunity to use and enjoy our housing or that the applicant's/resident's disability restricts them from performing this task.

Signature

Date

Printed Name

Phone Number

Professional Title

Address

City, state, zip

NOTE: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make any willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.

The Peninsula Housing Authority does not discriminate on the basis of race, color, national origin, religion, sex, disability or familial status in admission of access to its programs. If you need to request a reasonable accommodation, contact the PHA at (360) 452-7631