



OLIVER

MANAGEMENT SERVICES
5713 GRAND AVE SUITE B

DULUTH, MN 55807

(218) 628-0311 * FAX (218) 624-2235

To:

Re:

Name

From:

Oliver Management Services, Inc.
5713 Grand Ave Suite B.
Duluth, MN 55807

Social Security Number

Thank you for your prompt response. All information is confidential. Please contact _____ at (218) 628-0311 if you have any questions.

Verification of Disability and the Need for an Assistance or Companion Animal

Re: Applicant/Resident

The applicant has requested the owner/agent approve reasonable accommodations associated with a service/therapy/support/companion animal.

In order to qualify for a reasonable accommodation/modification the need must be related to a disability and there must be a nexus between the disability and the request. (Example: A blind resident may request that the owner/agent waive animal size restrictions to allow a German Shepard to live in the unit as a guide dog. A guide dog is a mobility aid that can enable people who are blind or have low vision to travel safely. There is a relationship between the blind resident's disability and the request accommodation.)

HOUSEHOLD MEMBER RELEASE

To the resident/applicant:

You do not have to sign this form if the name or address of either the project or health care provider 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.

Signature _____ Date _____

Based on the property rules, the resident is allowed to own a pet (certain restrictions apply). However, the resident has requested that we waive most restrictions and that we do not collect a pet deposit because this particular animal is required in order to address the symptoms of the resident's disability. Therefore, this animal would not be considered a pet.

Because this property is governed by HUD regulations, we are required to verify the need for an assistance, therapy, emotional support, service or companion animal. This means we must provide documentation from a physician, psychiatrist, social worker, or other mental health professional that the animal provides support that alleviates at least one of the identified symptoms or effects of the existing disability.

We are required to complete our verification process in a short time period. A self-addressed envelope has been included for your convenience. If you have any questions, please feel free to contact our office.

Thank you, in advance, for your cooperation and prompt response.

Property Manager

Cc: Applicant/Resident File

THE FOLLOWING TO BE COMPLETED BY INFORMATION PROVIDER

I can cannot verify that the resident requires a service or companion animal, to address the symptoms of his/her disability.

*Note: If you can verify the necessity for the accommodation, please answer the questions below.
If you cannot verify the necessity for the accommodation, please sign the form and return to owner/agent.*

PLEASE INDICATE ANY AND ALL SITUATIONS THAT APPLY TO THE PERSON WHO SIGNED THIS RELEASE

1. The applicant resident 1) has a physical or mental condition that affects one or more major life activities or 2) the applicant/resident has a record of such a condition or 3) the applicant resident is regarded as having such a condition

Yes No I do not know

Note: if you answered "No" or "I do not know". Please sign the form and return to owner/agent

2. The applicant/resident's disability requires:

No Service or Companion Animal. No service or companion animal is required to alleviate one or more symptoms of this person's disability. The person indicated is able to live in the unit and take advantage of benefits and services provided by HUD and the owner/agent without a service or companion animal.

Note: if no service or companion animal is required, please sign the form and return to the owner/agent.

A Service or Companion Animal

Multiple service or Companion animals:

Requests for multiple service or companion animals indicate that a single animal is not adequate to provide the necessary support.

A service animal is an animal selected to play an integral part of a person's treatment process that demonstrates a good temperament and reliable, predictable behavior. A service animal is prescribed to an individual with a disability diagnosed by a healthcare or mental health professional.

A companion animal is not a service animal. Unlike a service animal, a companion animal does not assist a person with a disability with activities of daily living, nor does it usually accompany a person with a disability at all times. However, a companion animal may be incorporated into a treatment process to assist in alleviating the symptoms of that individual's disability such as depression. This treatment occurs within the person's residence and therefore will be considered for access to housing.

3. Please describe how the animal will be used to address the symptoms of the disability (i.e. alert resident to medical conditions such as seizures, alert resident to emergencies, reduce stress of isolation caused by the disability, etc.):

4. Extent of Service: Please choose one.

This/these animals must accompany the resident **at all times** and reasonable accommodation should be made to allow the animal in to common areas even though other animals are excluded.

It is not required that this/these animals accompany the resident **at all times** and no reasonable accommodation should be made to allow the animal in to common areas, such as community rooms and cafeteria, where other animals are excluded.

N/A

5. Please estimate how long the resident's condition will exist?

Permanent disability or

Temporary disability

Expected Duration Less than 1 year Between 1 and 5 years More than 5 years

6. Please indicate how current your knowledge is regarding this individual.

I have treated this person within the last 12 months

It has been more than 12 months since I have treated this person.

PENALTIES FOR MISUSING THIS VERIFICATION FORM

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 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 another 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 208 (a) (6), (7) and (8). Violation of these provisions are cited as violations of 42. U.S.C. 408 (a) (6), (7) and (8)

By signing this form, I certify that the information provided above is true:

Name and position of verifier (Please Print) _____

Signature of Verifier: _____ Date: _____

Telephone: _____ Email: _____