

HAB Development
SERVICE AND COMPANION ANIMAL POLICY
(AUXILIARY AIDES)

Purpose: The purpose of this policy is to ensure uniformity in application of Service Animal/Companion Animal requirements and to ensure the welfare of all residents and the sanitation of properties.

All properties under Housing Authority of Billings management must allow persons with disabilities the use of a service and/or companion animal. Therefore, a pet deposit does not apply

Companion animals or comfort animals become service animals when a provider verifies that a person has a disability as defined by fair housing law and needs the animal for treatment and/or to live in the community as ably as someone without a disability

REGISTRATION: All animals must be registered upon admission, and registration must be renewed annually on the anniversary of admission date.

The following documentation must be completed before admission of an animal:

Service/Companion Animal requirements

- Request for a reasonable accommodation
- Owner will submit a copy of the animal's license or certification
- Dog tag immunization information
- References on where animal is to be taken in case of an emergency or how his or her animal should be taken care of in an emergency
- Verification of status as a Person with a Disability

DAMAGES:

Any damage to the unit, building, grounds, flooring, walls, trim, finish, tiles, carpeting, etc. will be the full responsibility of the animal owner, and the animal owner shall agree to pay costs involved in restoring any damage to original new conditions as well as any costs required for cleaning, defleaing, and deodorizing required because of such an animal. If, because of any such stains or chemicals to remove same, damage is such that it cannot be removed, animal owner hereby agrees to pay full cost and expense of replacing such materials.

SICK OR INJURED ANIMALS:

No sick or injured animal will be accepted for occupancy without consultation and written acknowledgment of a veterinarian as to the condition of the animal's ability to live in an apartment situation. Acceptance regardless of documentation and consultation is the prerogative of Management. Admitted animals which suffer illnesses or injury must be immediately taken for veterinarian care at the animal owner's expense.

INOCULATIONS:

Cats must have current inoculations as appropriate to the species, including but not limited to: feline distemper shot. Dogs shall have certificates or appropriate inoculations for heart worm, parvo, and rabies. Such tests, vaccines or shots shall be maintained on an annual basis unless otherwise specified by a veterinarian. Both Service/Companion Animals must be wearing dog tags for immunization information. Every dog shall wear a valid rabies tag and all animals shall wear a tag containing animal owner's name, address and phone number.

WASTE DISPOSAL:

Cats are required to be litter-box trained. The animal owner agrees to dispose of cat feces daily by putting it in a bag, closing it securely and placing it in the dumpster. The Animal owner agrees that the full contents of the litter box will be disposed of in the same manner and will never be flushed down the toilet, put down the trash chute, or into the garbage disposal.

Proper disposal of dog feces is also required. Dog feces must be picked up when possible when the dog eliminates, put in a bag, closing it securely and placing it in the dumpster.

PUBLIC ACCESS:

Animals may not be tied up outside and left unattended and must be on a leash outside your housing unit at all times.

UNIT CARE AND INSPECTIONS:

The animal owner agrees to maintain the unit in a sanitary and odorless manner. No alterations may be made to the premises. The animal owner agrees that Management has the right to inspect the owner's unit as frequently as necessary. Entry of unit will be done according to the terms of the lease, bi-annually, as part of Management Policy and Procedures.

OWNER ABSENCE:

The Service/Companion Animal owner agrees that if for any reason the animal is left unattended for more than 12 hours, the owner will provide information on how his or her auxiliary aide should be cared for. The Management may call the designated alternative care providers if the Service/Companion Animal owner is unable to do care for the auxiliary aide. That person will then be permitted to enter the apartment and be required to remove the animal from the premises

In the event the animal owner can no longer care for the animal due to health deterioration, the animal owner agrees to remove the animal from the premises.

ANIMAL BEHAVIOR AND VIOLATION OF POLICY:

The companion animal's owner shall not permit the animal to cause any noise, damage, discomfort, nuisance or in any way inconvenience or cause complaints from other residents. After receipt of each verified animal complaint, Management will issue a written warning. Three verified complaints constitute violation of this Auxiliary Aide policy, and after private conference, the owner may be required to remove the animal from the premises. The owner must then sign an affidavit stating that the animal is no longer on the premises and will not return in the future. Misrepresentation of this affidavit or refusal to remove the animal will be grounds for eviction of the animal owner. Management exercises the right to act immediately in animal removal in situations deemed an emergency. Service animals are excluded from this action.

CARE OF THE ANIMAL:

The animal owner agrees to humanely care for the animal by providing it with sufficient food and water and veterinary treatment when need. Resident agrees that abuse of the animal will result in Management contact with the Humane Society.

LIABILITY:

The animal owner shall be strictly liable for the entire amount of any injury to the person or property of other residents, staff or visitors of the HAB Development caused by their animal and shall indemnify the HAB Development for all costs of litigation and attorney's fees resulting from such damage. The animal owner should carry Renter's Insurance.

OTHER:

Tenants are prohibited from feeding stray animals

Tenant agrees to abide by all Rules and Policies regarding Auxiliary Aides established by HAB Development now and in the future.

GENERAL INFORMATION

Requests for Reasonable Accommodations and/or Modifications

A reasonable accommodation is some exception or change that a housing provider makes to rules, policies, services, or regulations that will assist a resident or applicant with a disability in taking advantage of a housing program and/or dwelling. A reasonable modification is an alteration to the physical premises allowing a person with a disability to overcome obstacles that interfere with his/her use of the dwelling and/or common areas. The accommodation and/or modification must be necessary for the individual with the disability to enjoy and/or fully use services offered to other residents and/or the individual dwelling unit.

Reasonable accommodations can include but are not limited to:

- A change in the rules or policies or how a housing provider does things that would make it easier for you to live in the dwelling;
- Permitting a seeing eye dog for a household in a community where pets are not allowed, or not charging a deposit for a service animal though the housing provider charges deposits for pets;
- Permitting an outside agency to assist a disabled resident to meet the terms of the lease;
- Permitting a live-in Personal Care Attendant to live with a disabled resident who might need 24 hour assistance;
- A change in the way a housing provider communicates with or gives information, such as increasing the font size of typed documents to a person with a visual impairment.

Reasonable modifications can include, but are not limited to:

- A structural change or repair in your apartment or another part of the apartment complex that would make it easier for you to live in the dwelling;
- Altering your apartment so that the unit can be accessed and used by a person in a wheelchair.

NOTE: The individual requesting the modification may be responsible for the costs incurred in providing a reasonable modification to the premises. This individual may also be responsible for costs incurred in restoring the modification to original condition. The housing provider may request that a licensed contractor be obtained to make the modifications and/or restorations. If you and/or your housing provider have any questions regarding these provisions, please do not hesitate to contact our office.

A resident or applicant is entitled by law to a reasonable accommodation and/or modification when needed because of a disability of the resident, applicant, and/or a person associated with a resident or applicant, such as a guest. Housing providers must grant all requests for reasonable accommodations and/or modifications that are needed as a result of a disability if the request is not unduly burdensome or a fundamental alteration of the housing program. If a request is denied, you have the right to know the reasons in writing.

There must be a verifiable disability involved in order for the household to qualify for a reasonable accommodation and/or modification. The housing provider is required by law to keep all information about the disability confidential. A person has a disability if he/she 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 an impairment. Most serious medically treated conditions are considered to be a disability. A disabled resident must still be able to meet essential obligations of tenancy – they must be able to pay rent, to care for the apartment, to report required information to the manager, avoid disturbing their neighbors, etc., but there is no requirement that they be able to do these things without assistance.

Using the attached forms will help you and your housing provider to better formulate the request and implement any follow up necessary. The attached forms include:

- A Request for a Reasonable Accommodation and a Release that the housing provider can send to your medical provider. This form verifies your request and authorizes your medical provider to certify your status as a person with a disability and your need for the accommodation. (For you to complete)

- A Request for a Reasonable Modification and a Release that the housing provider can send to your medical provider. This form verifies your request and authorizes your medical provider to certify your status as a person with a disability and your need for the accommodation. (For you to complete)

- Verification of the need for an Accommodation and/or Modification (For your health care provider, such as a doctor, nurse, therapist, or social worker, to complete)

- Approval or Denial of a Request for a Reasonable Accommodation and/or Modification. (For your housing provider to complete)

REQUEST FOR A REASONABLE ACCOMMODATION

If you, a member of your household, or someone associated with you has a disability, and feel that there is a need for a reasonable accommodation for that person to have equal use and access to the community, please complete this form and give the form to your housing provider. Check all items that apply and explain fully. Use the other side of this form if you need more space. If you cannot fill out this form yourself, you may have someone assist you. Please keep copies of all documents that you submit to your housing provider.

Name of Tenant or Applicant: _____ Date: _____

1. The person(s) who has a disability requiring a reasonable accommodation is:

Myself

A person associated with me (such as a household member or guest).

Name of person with disability: _____

Phone#: _____

Address: _____

2. I am requesting the following change or changes in a policy, procedure, service or regulation so that my household members, guests, and I can live here as easily as others and enjoy and participate equally in housing:

OPTIONAL: If you know a company, organization, or individual that might be able to help or advise on the changes, please provide:

Name: _____

Address: _____

Phone Number: _____

3. I need this reasonable accommodation because:

Please notify me within ten working days on the attached Approval or Denial of Reasonable Accommodation and/or Reasonable Modification Request form.

Signature of Tenant, Applicant, or Guest: _____

Address: _____

REQUEST FOR A REASONABLE MODIFICATION

If you, a member of your household, or someone associated with you has a disability, and feel that there is a need for a reasonable modification for that person to have equal use and access to the community, please complete this form and submit the form to your housing provider. Check all items that apply and explain fully. Use the other side or this form if you need more space. If you cannot fill out this form yourself, you may have someone assist you. Please keep copies of all documents that you submit to your housing provider.

Name of Tenant or Applicant: _____ Date: _____

4. The person(s) who has a disability requiring a reasonable modification is:

Myself

A person associated with me (such as a household member or guest).

Name of person with disability: _____

Phone#: _____

Address: _____

5. I am requesting the following modification/s so that my household members, guests, and I can live here as easily as others and enjoy and participate equally in housing:

***NOTE: The individual requesting the modification may be responsible for the costs incurred in providing a reasonable modification to the premises. This individual may also be responsible for costs incurred in restoring the modification to original condition. The housing provider may request that a licensed contractor be obtained to make the modifications and/or restorations. If you and/or your housing provider have any questions regarding these provisions, please do not hesitate to contact our office.**

OPTIONAL: If you know a company, organization, or individual that might be able to help or advise on the changes, please provide:

Name: _____

Address: _____

Phone Number: _____

6. I need this reasonable modification because:

Please notify me within ten working days on the attached Approval or Denial of Reasonable Accommodation and/or Reasonable Modification Request form.

Signature of Tenant, Applicant, or Guest: _____

Address: _____

VERIFICATION OF STATUS AS A PERSON WITH A DISABILITY

TO: _____

RE: Name of resident, applicant, or guest: _____

Address: _____

The tenant, guest, or applicant for tenancy listed above has sought the reasonable accommodation and/or modification described in the attached Request for a Reasonable Accommodation and/or Modification Request form. State and federal laws require housing providers to make reasonable modifications and/or accommodations to either the dwelling or other parts of the housing community and/or to policies, procedures, services or regulations when such changes are not unduly burdensome and are necessary because of a disability of a tenant, an applicant, a household member, or a guest of a tenant in order that the tenant, applicant, household member or guest can have equal opportunity to use and enjoy the housing and/or facilities.

Federal regulations under the Fair Housing Amendments Act, Section 504 of the Rehabilitation Act of 1973, and the Americans with Disabilities Act, define "disability" as:

1. a physical or mental impairment that substantially limits one or more major life activities;
2. a record of such an impairment;
3. being regarded as having such an impairment.

A physical or mental impairment includes:

1. any physiological disorder or condition;
2. cosmetic disfigurement;
3. anatomical loss affecting one or more of the following body systems: neurological, musculoskeletal, special sense organs, respiratory, speech organs, cardiovascular, reproductive, digestive, genito-urinary, hemic and lymphatic, skin, and endocrine.
4. Any mental or psychological disorder, such as cognitive delays, organic brain syndrome, emotional or mental illness, and/or learning disabilities.

Drug addiction (other than addiction caused by **current** illegal use of a controlled substance) and alcoholism (other than addiction caused by **current** use) are covered by these provisions as are, for example, cancer, heart disease, HIV, AIDS, and temporary disabilities (such as broken limbs or pregnancy).

IMPORTANT: The medical/social service professional certifying the disability and need for an accommodation and/or modification **IS NOT** required to reveal the specific nature and/or severity of the individual's disability.

As a medical/social service professional with the knowledge necessary to make a determination, I am able to advise that

(name of client)

qualifies as an individual with a disability as defined above and that the following accommodation and/or modification is consistent with the needs associated with his/her disability.

Accommodation/Modification:

Signature of Medical Professional

Printed Name and Title

Date

**APPROVAL OR DENIAL OF REASONABLE ACCOMMODATION
AND/OR REASONABLE MODIFICATION REQUEST**

To: _____

On _____ (date) you requested the following reasonable accommodation and/or modification:

We have:

approved your request. We will provide the following accommodation and/or modification:

The change is effective immediately.

We will provide the accommodation by: _____

To make the change you requested, we must have bids and then arrange installation or we must order certain equipment. We anticipate that the change will be made by: _____ (date), and we will notify you if we discover that there will be a delay.

If you have questions or think this accommodation and/or modification will not meet your needs or will take too long to provide, please contact me immediately.

denied your request. We have denied your request because (check all that apply):

You are not a person with a disability or your guest or household member or person associated with you does not have a disability, as defined by federal and/or state law, and we are not required to give you an accommodation and/or modification.

The accommodation and/or modification you requested is not reasonable because:

you do not need this accommodation and/or modification to live here as easily as others without disabilities or to enjoy or participate equally in this housing as easily as others without disabilities.

it will cost (fill in amount) \$_____ and/or _____ hours of staff time to make the change you requested and this is an undue burden on our operations.

it will fundamentally change the nature of our housing.

We used these facts to deny your request (list): _____

To make this decision, we spoke with the following people, reviewed the following documents, and performed the following investigation:

If you disagree with this decision or have more information to provide to us, you may contact me at the following address and/or phone number.

Sincerely,

Signature: _____ Date: _____

Name: _____ Title: _____

Address: _____

Phone Number: _____

**SERVICE & COMPANION ANIMAL
REGISTRATION**

Owners must register their service/companion animals with the Housing Authority and update this registration annually.

Type/Breed _____ Color _____

Sex _____ Age _____

Name of Service/Companion Animal _____

Veterinarian's certification of the pet's inoculation:

Signature Date inoculated _____

Print Name Telephone

Address City, State, Zip

In case of an emergency, these individuals will take responsibility for the service/companion animal if the owner is unable to care for the service/companion animal:

Signature Signature

Print Name Print Name

Telephone Telephone

Address Address

City, State, Zip City, State, Zip

The head of the Tenant Family certifies to have read, understands, and agrees to abide by the Service & Companion Animal Rules.

BY: _____
Head of Tenant Family Signature and Date Telephone Number

BY: _____
Public Housing Administrator Signature Date Accepted