

IMPORTANT INSTRUCTIONS FOR OBTAINING AN ACCOMODATION TO MAINTAIN A SERVICE ANIMAL OR A SUPPORT ANIMAL

IF YOU REQUIRE AN ACCOMODATION FOR A SERVICE ANIMAL OR A SUPPORT ANIMAL, YOU MUST PROCEED WITH THIS APPLICATION.

To avoid any delay in obtaining approval of your accommodation request for a Service Animal or Support Animal, **please send your application packet through the US Postal Service (Regular Post Office) and request a RETURN RECEIPT**. Obtaining a return receipt will enable you to document the date we received your application. However, you may send us your application by regular mail, express overnight mail, or any delivery service such as FedEx.

We process all applications immediately upon receipt. You will be notified of a decision on your Service Animal/Support Animal accommodation request as soon as practicable.

If you are requesting an accommodation for a Support Animal, please make sure you include documentation from your health care professional that states that you have a disability (the specific nature of the disability is confidential and need not be identified) and that the Support Animal is required to assist you with that disability. This is the most important part of your application.

Forward all applications, questions, and correspondence to:

MBL Management, Inc.
10986 E. Washington St.
Suite E
Chagrin Falls, OH 44023
Attention: Legal Department

We comply with all federal, state, and local laws and welcome Service Animals/Support Animals and their owners into our community.

Claiming that a pet is a Service Animal/Support Animal for a disability that does not exist is a dishonest and fraudulent act that delegitimizes the proper use of Support Animal/Service Animals for the people who really need them.

Examples of dishonest and fraudulent acts:

A resident or applicant making a false claim of mental or physical disability.

A health care professional who “sells” a Support Animal/Service Animal prescription or provides a diagnosis of a disability without a proper examination and without a preexisting relationship with the patient.

“Patients” and health care professionals who falsely claim ongoing treatment when there has been little if any consultations and no ongoing care.

We will enforce our legal rights against those dishonest and fraudulent individuals that undermine disabled people’s vital right to maintain a Service Animal/Support Animal.

Lakeway Woods Apartments

FORM SA-1 (Page One)

Service Animal/Support Animal Application

APPLICANT'S NAME _____

APPLICANT'S CURRENT MAILING ADDRESS _____

We comply with all federal, state, and local laws concerning Service Animals/Support Animals and welcome them into our communities. The law grants us the right to review each case where a new or existing tenant wishes to live with a Service Animal/Support Animal.

You have notified us of your Request for a Service Animal/Support Animal as of _____(DATE). Prior to making a determination on your Request for a Service Animal/Support Animal Accommodation, and individualized assessment is made to determine if a disability exists and if the animal does work, performs tasks, provides assistance or provides therapeutic emotional support with respect to your disability.

Our assessment involves requesting verification from your health care professional. We have a thorough knowledge of applicable confidentiality laws that apply to this and will not violate your privacy.

If you would like us to continue to review your request for an accommodation, the attached forms must be filled out by (1) You, (2) Your Health Care Professional, and (3) Your Veterinarian.

These completed forms should be mailed to:

**MBL Management, Inc.
10986 E. Washington St.
Suite E
Chagrin Falls, OH 44023
Attention: LEGAL DEPARTMENT**

If you wish to ensure delivery, please mail via certified mail or via a delivery method that provides package tracking. Please be advised that without all the information requested on all the forms, we cannot approve your request for a Service/Support Animal.

This matter will be handled by the Legal Department of Lakeway Woods Apartments, not by the apartment property staff. To ensure your confidentiality will not be violated, property managers have been instructed to not discuss this matter.

There is no fee for submitting a Service/Support Animal application. Our normal rental application fee will be charged when we receive the Service Animal/Support Animal and rental application. Please note that an apartment cannot be reserved for you until your request for a Service Animal/Support Animal is approved.

Lakeway Woods Apartments

FORM SA-1 (Page Two)

Service Animal/Support Animal Application and Checklist

CHECKLIST

FORM SA-1 (THIS FORM) Service Animal/Support Animal Application and Checklist

FORM SA-2 Request for Service Animal/Support Animal to be filled out by Applicant

FORM SA-3 Applicant's Authorization/Health Care Professional Questionnaire to be signed by Applicant and given to Applicant's health care professional.

Health Care Professional's Curriculum Vitae and proof of State licensure

Veterinary certificates of rabies and other inoculations as applicable.

Dog licensing certificates in accordance with local and state laws.

FORM SA-4 Veterinarian Authentication to be filled out by Veterinarian.

FORM SA-5 Animal Identification Form to be filled out by resident

Color Photo of SA

Lakeway Woods Apartments

FORM SA-2

**Request for an Accommodation to Maintain a Service
Animal/Support Animal**

TO BE FILLED OUT BY APPLICANT

Request for Service Animal/Support Animal

The undersigned does hereby request an accommodation for a Service Animal/Support Animal and acknowledges and states as follows:

1. **Disability Definition** *“Disabled” means with respect to a person –
(1) Having a physical or mental impairment which substantially limits one or more of such person’s major life activities,
(2) Having a record of having such an impairment or
(3) Being regarded as having such an impairment. But such term does not include current illegal use of or addiction to a controlled substance.*

2. **Qualifications** Pursuant to the definition above, I qualify as an individual with a disability.

3. **Disability** I represent that I am disabled. The requested Service Animal/Support Animal will provide assistance or perform at least one task that will benefit me or will provide therapeutic emotional support to alleviate a symptom or effect of the disability.

The anticipated length of this disability is _____

4. **Request** By submitting this form, I hereby request that I be permitted to reside with a Service Animal/Support Animal at the premises identified below. The statements herein and on all accompanying forms are true and correct to the best of my knowledge, information, and belief. I agree that, if approved for an accommodation, the only animal I will keep for this purpose is listed on the Animal Identification Form and that I will abide by the rules and regulations of the Landlord regarding animals. I understand that I will not have to pay an additional cost or fee to maintain the Service Animal/Support Animal but will be responsible for any damage caused by the Service animal/Support Animal.

Applicant’s Name: _____

Applicant’s Current Address: _____

Date _____

Signature _____

Lakeway Woods Apartments

FORM SA-3 (Page One)

TO BE FILLED OUT BY APPLICANT AND PROVIDED TO HEALTHCARE
PROFESSIONAL

Applicant's Authorization /Healthcare Professional Questionnaire

Applicant's Name: _____

Applicant's Current Address: _____

I, _____ (APPLICANT), hereby request that you provide the information requested below to Lakeway Woods Apartments.

Applicant's Signature

Date

Dear Health Care Professional,

In order to verify _____ (Applicant's) need for an accommodation to maintain a Service animal/Support Animal, we would like you to provide the following information:

1. Your certification under separate cover, that based upon your professional opinion, that the Applicant is disabled. **A disabled person means a person having a physical or mental impairment which substantially limits one or more of such person's major life activities, having a record of such an impairment, or being regarded as having such an impairment, but such term does not include current illegal use of or addiction to a controlled substance.**
2. Your certification under separate cover, that based upon your professional opinion, that a specifically identified Service Animal/Support Animal will provide assistance or perform at least one task that will benefit the person or will provide therapeutic emotional support to alleviate a symptom or effect of a disability. You should also state the period of time in which applicant will have the disability, when you began to treat the Applicant for the disability as defined above, how your diagnosis of the Applicant's disability was made (By Physical Examination/In-Person consultation or via telecommunications/internet), date of initial consultation, date of last consultation and whether you will continue to treat the Applicant and show how the animal will assist the

Lakeway Woods Apartments

FORM SA-3 (Page Two)

Applicant in assisting with the disability. **You must also provide a copy of your Curriculum Vitae and your State Licensure information showing that you are qualified to determine that the Applicant is disabled. Please note that if a legal dispute arises over the Applicant's request for an accommodation, you may be required to testify under penalty of law to support your certification.**

Date

Signature of Health Provider

Lakeway Woods Apartments

FORM SA-4

TO BE FILLED OUT BY VETERINARIAN

VETERINARIAN AUTHENTICATION

DOG

Current Weight: _____ Estimated weight at full growth _____

Current Height: _____ Estimated height at full growth _____

Breed: _____ Age: _____

Properly Vaccinated: ___ Yes ___ No

Please attach copy of Dog License in accordance with local law.

CAT

Spayed or neutered: ___ Yes ___ No

For both Dogs and Cats – Please attach certificate of vaccination for Rabies and other inoculations as applicable.

VETERINARIAN NAME: _____

ADDRESS: _____

PHONE: _____

VETERINARIAN SIGNATURE

DATE

Applicant

Lakeway Woods Apartments

FORM SA-5

TO BE FILLED OUT BY APPLICANT

Animal Identification Form

Type of animal _____ Breed _____

Age _____ Approximate Weight _____ Color _____

Describe any special training or certifications (if applicable)

Has the animal ever bitten or attacked a person, other animal, or been reported to authorities (police, animal control) for any incident or for any reason? _____

_____ If yes, please provide details including date(s). _____

As applicable to all tenants, animals may not be in the common areas of the community unless on a leash or an approved device based on the animal's certification.

Animals may be restricted from certain areas

The animal's owners are responsible for cleaning up after the animal and/or for any damage done by the animal.

Animals may not disturb the peaceful and quiet enjoyment of the other residents.

I have been provided with the Landlord's/Community regulations and rules relating to animals with which I will comply.

I affirm that the animal is in compliance with all state and local laws concerning licensure and inoculations.

I have read the rules and regulations concerning animals (both above and those policies of the Landlord/Community), and agree to their terms.

Applicant's Signature

Date

PLEASE PROVIDE A PHOTO OF THE ANIMAL