

# 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.

# Bosworth

## 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 Bosworth, 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.**

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**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**

**Bosworth**

**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 \_\_\_\_\_

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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 Hudson Yard.

\_\_\_\_\_  
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

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**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

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**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

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**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**