

Greater Gadsden Housing Authority

Assistance Animal Policy

Adopted May 30, 2017; Effective July 1, 2017

Assistance animals that are needed as a reasonable accommodation for persons with disabilities are not considered pets, and thus, are not subject to HA pet policies. The resident must register the animal with the HA. Registration includes the certification from a licensed veterinarian of required pet inoculations, information to identify the pet, and the name and address of the pet owner and the name and address of a responsible party to care for the pet if the owner is unable to. The resident shall furnish the HA information at each reexamination as to the status of the animal, the continued need for the animal, and the information contained hereinabove.

Assistance animals are animals that work, provide assistance, or perform tasks for the benefit of a person with a disability, or animals that provides emotional support that alleviates one or more identified symptoms or effects of a person's disability. Assistance animals - often referred to as "service animals," "assistive animals," "support animals," or "therapy animals" perform many disability-related functions, including but not limited to the following:

- Guiding individuals who are blind or have low vision;
- Alerting individuals who are deaf or hearing impaired;
- Providing minimal protection or rescue assistance;
- Pulling a wheelchair;
- Fetching items;
- Alerting persons to impending seizures; or
- Providing emotional support to persons with disabilities who have a disability-related need for such support.

The HA may not refuse to allow a person with a disability to have an assistance animal merely because the animal does not have formal training. Some, but not all, animals that assist persons with disabilities are professionally trained. Other assistance animals are trained by the owners themselves and, in some cases, no special training is required. **The question is whether or not the animal performs the assistance or provides the benefit needed by the person with the disability.**

The HA's refusal to modify or provide an exception to a "no pets" rule or policy to permit a person with a disability to use and live with an assistance animal would violate Section 504 of the Rehabilitation Act and the Fair Housing Act unless:

- There is reliable objective evidence that the animal poses a direct threat to the health or safety of others that cannot be reduced or eliminated by a reasonable accommodation;
- There is reliable objective evidence that the animal would cause substantial physical damage to the property of others;
- The presence of the assistance animal would pose an undue financial and administrative burden to the provider; or
- The presence of the assistance animal would fundamentally alter the nature of the provider's services.

Assistance animals are a means to provide a reasonable accommodation for an individual with a disability, but a person with a disability is not automatically entitled to have an assistance animal. Reasonable accommodation requires that there is a relationship between the person's disability and his or her need for the animal. The HA should verify that the individual requesting the assistance animal is a person with a disability and that the animal is needed to assist with the disability. The HA must also verify that the person is capable of taking care of the animal, or has made suitable arrangements for care of the animal in a sanitary manner which is consistent with the Pet Policy of the HA. As with all other disability-related inquiries, the HA may not ask about the nature or severity of the resident's disability. The HA may ask for third party verification.

See attached third party verification form that must be completed by a medical professional and Assistance Animal Data Verification Form that must be completed by a Veterinarian.



422 Chestnut Street
Post Office Box 1219
Gadsden, AL 35902-1219



(256) 547-2501
FAX (256) 549-1626
TDD Line for Deaf 256-549-1627

Confidential

Verification of Need

Date: _____

To: _____

Re: Patient Making Request: _____ D.O.B _____

The individual named above has applied for or is receiving federal rental assistance from the Greater Gadsden Housing Authority (GGHA) and has identified that he/she has a disability and needs an assistance animal. Housing Authorities are required to verify reasonable accommodation requests for an assistance animal. As the medical provider named by the person requesting the assistance animal, you are asked to verify that the individual meets the requirements on the reverse side of this document:

Please return the completed document in the enclosed self-addressed envelope or fax it to (256) 547-_____

Sincerely,

Housing Manager

Assistance Animal Verification Request

The GGHA must verify that the individual requesting an assistance animal is a person with a **disability** and/or a household member has a **disability** and has a disability-related need for an assistance animal.

An Assistance Animal is a means to provide a reasonable accommodation for an individual with a “disability”, but a disability does not automatically entitle a person to have an assistance animal. Reasonable accommodation requires that there is a relationship between the person’s disability and his or her need for an animal.

Please note that all GGHA households are allowed to have “pets”. An assistance animal is not a pet and is not governed by the GGHA pet policy.

Definition of Disabled: Individual with disabilities means any person who has: (a) A physical, mental or emotional impairment that: Substantially limits one or more major life activities; has a record of such impairment; or is regarded as having such impairment. (b) For purposes of housing programs, the term does not include any individual who is an alcoholic or drug abuser whose current use of alcohol or drugs prevents the individual from participating in the program or activity in question.

- A. I certify under penalty of law that the person identified above seeking to use and live with the animal has a disability — *i.e.*, a physical or mental impairment that substantially limits one or more major life activities.
- B. I certify under penalty of law that the person identified above making the request has a disability-related need for an assistance animal. **In other words**, the animal works, provide assistance, perform tasks or services for the benefit of a person with a disability, or provide emotional support that alleviates one or more of the identified symptoms or effects of a person's existing disability.

I _____, hereby certify that _____ meets the requirements
Medical Provider’s Name (printed) Name of Requestor (printed)

of both paragraph A and B above and in my professional opinion an assistance animal would alleviates one or more of the identified symptoms or effects of his/her existing disability.

Name and Title _____ Date _____
Signature _____ Phone _____

Penalty for Fraud

Any person who obtains or attempts to obtain, or who establishes or attempts to establish, eligibility for and any person who knowingly or intentionally aids or abets such person(s) in obtaining or attempting to obtain housing, or a reduction in public housing rental charges, or any rent subsidy to which such person would not otherwise be entitled, by means of a false statement, failure to disclose information, impersonation or other fraudulent scheme or device shall be guilty of a misdemeanor and, upon conviction, shall be punished by a fine of not less than \$300.00 nor more than \$500.00 or be punished at hard labor for the county not to exceed sixty (60) days, or may be both fined and imprisoned, at the discretion of the court. (24-1-10, Code of Alabama, 1975).

Requestor Statement and Authorization to Release Information

I _____ authorize _____
Name of Requestor (printed) Medical Provider’s Name

to release the requested information.

Requestor Signature _____ Date _____

Greater Gadsden Housing Authority (GGHA)

Assistance Animal Responsibility Form

I, _____ have been approved for an Assistance Animal. I understand the dwelling lease under Section IV (E), (F), (G) & (H); Obligation of Tenant; Tenant Agrees: (E) To abide by necessary and reasonable regulations promulgated by Landlord for the benefit and wellbeing of all Tenants; (F) To comply with all obligations imposed upon Tenants by applicable provisions of building and housing codes that materially affect health and safety; (G) To keep the premises, and such other areas as may be assigned to the Tenant for the Tenant's exclusive use, in a clean and safe condition; and, (H) To dispose of all ashes, garbage, rubbish, and other waste from the premises in a safe and sanitary manner.

I agree and understand that I am liable for any damage or injury whatsoever caused by the assistance animal and shall pay the landlord or applicable party for any damages or injury caused by the assistance animal. I also realize that I should obtain liability insurance for animal ownership and that paying for the insurance is my responsibility.

I agree and understand that all information concerning my assistance animal must be updated annually and provided at the annual recertification (See attached Assistance Animal Data Verification Form). This form must also be completed by a Veterinarian when the assistance animal is initially approved and at annual reexamination.

I also understand that I must obtain prior approval from the GGHA before making a change of the Assistance Animal for which this policy was approved. Also, a picture may be taken by the GGHA staff of the Assistance Animal for documentation.

I agree to accept full responsibility and will indemnify and hold harmless the landlord for any claims by or injuries to third parties or their property caused by assistance animal.

I agree that I am responsible for keeping the assistance animal under control and the assistance animal must be housebroken.

I agree to comply with the City of Gadsden Animal code (hereafter referred to as code). Attached are copies of the codes dealing with: 1) Removal of animal waste, Sec. 10-103; 2) Restraint required; running at large, Sec. 10-105; and, Vaccination required, Sec. 10-191. A copy of the complete code is available for your review at your Rental Office.

I agree and understand that if I cannot control the assistance animal to comply with the City of Gadsden Animal code or the assistance animal demonstrates behavior and becomes a direct threat to the health or safety of others that cannot be eliminated or reduced to an acceptable level by a reasonable modification to other policies, practices and procedures the assistance animal will have to be removed and replaced with an assistance animal that the owner can control.

I also understand that there is no deposit or annual fee charged for an assistance animal and that an assistance animal is not considered a pet.

Head of Household Signature

Date

Housing Authority Representative Signature

Date

Assistance Animal Data Verification Form

The following form must be completed by a Veterinarian

The GGHA must verify that all Assistance Animals have received proper vaccinations and other required treatment.

Owners Name _____

Type and Breed of Assistance Animal: _____

The Assistance Animal has been:

Type of Treatment	Date	Yes	No
Neutered			
Spayed			
Rabies (annual vaccination) and distemper			
Other treatments (Specify Below)			

NOTE: City of Gadsden animal code requires an annual rabies vaccination for animals that are capable of having and Transmitting rabies and for which the vaccines are recommended by veterinarians.

Signature **Date**

Name of Veterinarian Clinic

NOTE: The GGHA staff may take a picture of the Assistance Animal for documentation.