

## ALH|PODLAND ASSISTIVE ANIMAL REQUEST AND DOCUMENTATION

When completed, Resident shall return this Request to: \_\_\_\_\_

\_\_\_\_\_  
*(Owner/Agent name and address)*

Resident Name(s): \_\_\_\_\_

Premises Address: \_\_\_\_\_ Unit #: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Resident Contact information: \_\_\_\_\_

The Applicant/Resident requests, as a reasonable accommodation for a disability as defined by the Georgia Fair Employment & Housing Act (definition attached), to be allowed to have the following Assistive Animal as an exception to landlord's pet policies: \_\_\_\_\_

*(Please specify name, sex, type, breed, age, description, size of animal)*

1. **Required Verification:** Resident asserts that he/she is disabled as defined by the Georgia Fair Employment and Housing Act [see attached definition] and that the requested accommodation is related to Resident's disability and is necessary to allow the resident full use/enjoyment of the premises. Resident understands that he/she is required to provide written verification from a health care provider or other credible third party who can competently verify the resident's disability and disability-related need for the assistive animal, unless the disability and/or disability-related need for the animal are obvious.

*(Resident to provide the following information about the person providing the written verification)*

Written verification is being provided by (must be a licensed physician with verifiable practice registered at state level):

Name: \_\_\_\_\_

Title/Position/Relationship to Resident: \_\_\_\_\_

Contact Information: \_\_\_\_\_

2. **Consent to Confirmation:** Resident acknowledges that Owner/Agent will contact the individual(s) who provided the verification for the sole purpose of confirming that the individual(s) authored/signed the verification. By signing below, Resident agrees that Agent may contact the third party who provided the verification for that sole purpose.

\_\_\_\_\_  
Resident Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Resident Signature

\_\_\_\_\_  
Date