



415 W. Main Street
Smethport, PA 16749
(814) 887-5563
Relay #: 711

~INSTRUCTIONS~

Request For Assistance Animal

*****IMPORTANT*****

*This Request for Reasonable Accommodation/Modification
MUST be made by the HEAD OF HOUSEHOLD, for
him/herself or on behalf of another member of the family.*

*This form is available on MCHA's website at
www.mckeancountyhousing.com and can be viewed on your computer in
an accessible format.*

*If you need assistance in reading or understanding these
instructions, or require an interpreter, please contact
your site manager/leasing officer
for assistance.*

*Si necesita ayuda para leer o entender estas
instrucciones, o necesita un intérprete, por favor contacte
a su administrador del sitio / agente de arrendamiento
para asistencia.
(Spanish Language)*





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*****CONSIDER THIS FIRST*****

IF YOU ARE AN MCHA SECTION 8 PARTICIPANT: DON'T FILE THIS FORM. MCHA Does Not Approve Assistance Animals in Section 8 Units. You Should Submit A Request to Your Landlord.

Is the Person Filling Out This Form the Head of Household?

This Request for Reasonable Accommodation/Modification MUST be made by the HEAD OF HOUSEHOLD, for him/herself or on behalf of another member of the family. It also can be made by the Head of Household's representative on behalf of the Head of Household, such as his/her advocate, social worker, family member or friend, etc.

You Will Need To Return to MCHA The Following Documents Completely Filled Out Before MCHA Can Approve Your Request:

The "Proper" Request Form

MCHA utilizes different request forms depending upon the accommodation that you need. Make sure that you are using the correct form. DO NOT use this form if you are seeking a ***Live-In Aide, Accessible Parking, Stay of Eviction*** (to avoid an eviction), or ***General reasonable accommodation or modification request*** for everything else.

(YOU ARE NOW USING THE REQUEST FOR ASSISTANCE ANIMAL FORM)

- Consent For Third Party Interaction Form
- Certificate of Spaying or Neutering
- Vaccinations (Shot) Record
- Pet License (if required by law)
- Veterinarian's Certification
- Assistance Animal Agreement
- Assistance Animal Lease Addendum





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Do You Have Any Questions About this Form or the Process?

Your site manager or leasing officer is ready to assist you. Contact them with any questions.

Who Is Entitled To An Assistance Animal?

An individual with a disability who requires the assistance of an animal in order for the individual to be able to fully enjoy MCHA's housing, housing services or programs is entitled to an Assistance Animal as a reasonable accommodation.

To be considered "disabled" under the federal rules that MCHA must use are entitled to reasonable accommodations and modifications. In order to be considered "disabled," an individual must meet three (3) qualifications:

1. S(h)e must ***meet the definition of being "disabled"*** under relevant federal law. A person is considered "disabled" for purposes of accommodations if s(h)e:
 - Currently has a mental, emotional, developmental, or physical impairment that substantially limits one or more major life activities
 - or-
 - Has a record of having a disability in the past,
 - or-
 - Has been regarded by MCHA as having a disability.

2. The individual must ***be in good standing with MCHA:***





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3. The individual **cannot be in one of the categories of persons considered not qualified** by virtue of certain past or present unlawful conduct. These categories are:

- Juvenile offenders – these are minors who have been adjudicated as juvenile delinquents in the juvenile justice system
- Sex offenders
- Individuals convicted of the illegal manufacture or distribution of a substance designed by the federal government as a “controlled substance” (*i.e.*, an illegal drug)
- Individuals with a current, illegal use of or addiction to a controlled dangerous substance
- Individuals whose illegal use of drugs or use of alcohol interferes with the health, safety, or peaceful enjoyment of the premises of others
- Individuals posing a “direct threat” to the health and safety of others, where the direct threat cannot be eliminated by a reasonable accommodation
- Individuals causing substantial monetary damage to property of another

This Request for Assistance Animal form has three (3) sections. Following are instructions for each section:

SECTION 1 OF 3: Requestor Information

In this section, the HEAD OF HOUSEHOLD fills out his/her contact information. Be sure you fill it out carefully in case we need to communicate with you regarding aspects of your request.

If you are unaware of your current status with MCHA, please contact your site manager or leasing officer.

You also must indicate the *FULL NAME* and age of the member of your family with the disability who needs the Assistance Animal.





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SECTION 2 OF 3: Assistance Animal Information

In this section, you provide information about your Assistance Animal.

You will describe the physical attributes of the Assistance Animal, and you will provide contact information for the animal's veterinarian.

You also will describe ***why*** the Assistance Animal is necessary in order for the family member with the disability to fully enjoy MCHA's housing, housing program or services.

SECTION 3: 3rd Party Verification of Need For Assistance Animal

In this section you will provide contact information for a third party knowledgeable professional that has worked with the family member with disabilities, and can verify how the family member's disability affects their housing needs. This professional also will verify that the Assistance Animal is medically necessary with respect to disabled person's participation in MCHA's housing program.

You will provide MCHA their contact information so that we can send them the verification form and follow-up with them, as necessary. We also need for you to fill out our written consent form before we contact them. The information MCHA obtains will be kept completely confidential and used solely to determine whether or not to approve your request.

MCHA utilizes different 3rd party verification forms depending upon the accommodation that you need. Make sure that you are using the correct form. There are different verification forms for ***Live-In Aides, Assistance Animals, Accessible Parking, Stays of Eviction*** (to avoid an eviction), and ***General*** verifications for general requests and everything else.

Some examples of licensed, third party professionals that can provide this verification are medical doctors, registered nurses, licensed social workers, psychologists and psychiatrists.





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MCHA will need you to provide written consent for MCHA to send your 3rd party verifier the verification form and otherwise interact with her/him to verify your request. You should use MCHA's *Consent For Interactions With Third Parties Form* (MCHA-RA14).

MCHA Will Engage In the Interactive Process With You

Upon receipt of a complete Request for Assistance Animal, MCHA will work with you and your 3rd party verifier to process your request. If your request is approved, you will need to sign an Assistance Animal Agreement and an appropriate addendum to your Lease.

You also will need to take the attached Veterinarian's Certification to a licensed veterinarian that has examined your animal and return the form to MCHA. (Attachment A to this form)

[END OF INSTRUCTIONS]





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*This Request for Reasonable Accommodation/Modification
MUST be made by the HEAD OF HOUSEHOLD, for
him/herself or on behalf of another member of the family.*

~Please Read The Attached Instructions For This Form~

*If you need assistance in filling out this form, or require
an interpreter, please contact your site manager/leasing
officer for assistance.*

*Si necesita ayuda para llenar este formulario, o necesita
un intérprete, por favor, póngase en contacto con su sitio
oficial encargado / oficial leasing
para obtener ayuda.
(Spanish Language)*





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***This Form has four (4) sections to be filled out
by the Head of Household:***

SECTION 1 OF 4: Requestor Information

HEAD OF HOUSEHOLD'S INFORMATION:

NAME: _____
CLIENT #: _____
ADDRESS: _____
TELEPHONE #: _____
CELL #: _____
EMAIL ADDRESS: _____

SITE MANAGER/LEASING OFFICER'S NAME: _____

HEAD OF HOUSEHOLD'S STATUS IS:

- Applying to MCHA's Public Housing program
- Applying to MCHA's Section 8 program
- Applying to Another MCHA program
- Currently on the _____ Waiting List
- Currently a MCHA Public Housing Resident
- Current a MCHA Voucher Holder, Looking For A Unit
- Current a MCHA Section 8 Participant Living In A Section 8 Unit
- Not Sure Of My Status
- Other: _____

MY FAMILY MEMBER NEEDING THE ASSISTANCE ANIMAL IS:

_____ [List full name] _____ [Date of Birth] _____ [Age]





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SECTION 2 OF 4: Assistance Animal Information

A. PLEASE DESCRIBE YOUR PROPOSED ASSISTANCE ANIMAL:

Type of Animal: (check one)

- Dog
- Cat
- Fish (in up to 20 gallon tank)
- Bird
- Guinea pig
- Hamster
- Ferret
- Turtle (up to 1 pound)
- Domesticated and trained miniature pony
- Potbellied pig (up to 25 pounds)
- Other (Describe: _____
_____)
- Dog
- Cat
- Fish
- Other (Describe: _____
_____)

B. PLEASE DESCRIBE the PURPOSE FOR YOUR ASSISTANCE ANIMAL:

- Service
- Comfort, companionship, emotional support





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C. PLEASE DESCRIBE YOUR ASSISTANCE ANIMAL:

Animal's Name:

Age/Date of Birth (if known):

Sex

Breed:

Primary Color:

Secondary Color(s):

Distinctive Markings

Length (Nose to Tail):

Height: (Floor to top of head)

Weight (In Pounds)

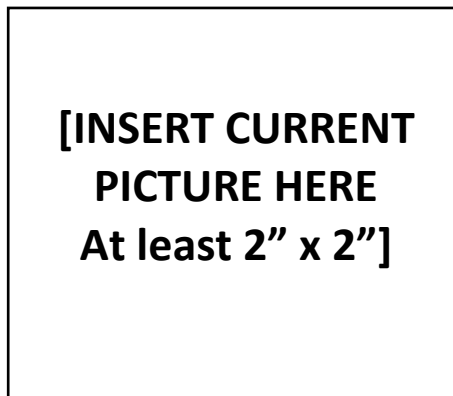
Other Characteristics:

D. IS YOUR ANIMAL ALREADY SPAYED/NEUTERED?

Yes (attach documentation)

No

E. PLEASE ATTACH A PICTURE TAKEN WITHIN THE PAST WEEK OF THE PROPOSED ASSISTANCE ANIMAL. The picture should be no smaller than 2 inches by 2 inches.





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C. ANIMAL'S PRIMARY HANDLER. Please identify the individual who will be the primary handler of the Assistance Animal. This is the person who will be responsible for restraining, walking, exercising, feeding, grooming, cleaning up after, and generally taking care of the Assistance Animal:

NAME: _____
RELATIONSHIP TO HEAD OF HOUSEHOLD: _____
ADDRESS: _____
TELEPHONE #: _____

D. ANIMAL'S VETERINARIAN: (One Who Recently Has Examined Your Animal)

Name: _____
License #: _____
Company Name: _____
Address: _____
Phone #: _____
Email: _____

This veterinarian must have recently examined your animal and be able to provide the certification set forth on Attachment A to this Request.

MCHA's 504 Coordinator will fill out the form and send it to the veterinarian.

You don't have to do anything.

E. CURRENT VACINATIONS: Requestor certifies that the proposed assistance animal has received all recommended vaccinations. [**Attach proof**]

F. EMERGENCY CONTACT FOR ANIMAL (This is a person who has PREVIOUSLY GIVEN YOU THEIR CONSENT to attend to the animal's needs in an emergency situation):

Name: _____
Relationship to you: _____
Address: _____
Phone #: _____





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SECTION 4 OF 4: 3rd Party Verification of Need For Assistance Animal

A. Please provide us contact information for the person that can verify your disability and your need for the Assistance Animal:

The information obtained by MCHA will be kept completely confidential, to the extent permitted by law, and will be used solely to make a determination regarding your request.

Verifier's Name: _____

Organization Name: _____

Verifier's Title: _____

Telephone Number: _____

Email Address: _____

Street Address: _____

City, State, Zip Code: _____

[IMPORTANT: PLEASE ALSO PROVIDE US A SIGNED CONSENT FORM GIVING US PERMISSION TO CONTACT YOUR 3RD PARTY VERIFIER].

We cannot process your request without it.

[PROCEED TO THE LAST PAGE TO SIGN THIS FORM]





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SIGNATURES:

WARNING: FRAUDULENT AND FALSE STATEMENTS

THERE ARE FINES AND IMPRISONMENT (\$250,000/5 YEARS) FOR ANYONE WHO MAKES FALSE, FICTITIOUS, OR FRAUDULENT STATEMENTS OR ENTRIES IN ANY MATTER WITHIN THE JURISDICTION OF THE FEDERAL GOVERNMENT.

ANY PERSON WHO KNOWINGLY AND MATERIALLY VIOLATES ANY REQUIRED DISCLOSURE OF INFORMATION, INCLUDING INTENTIONAL NONDISCLOSURE, IS SUBJECT TO A CIVIL MONEY PENALTY NOT TO EXCEED \$10,000 FOR EACH VIOLATION.

TITLE 18, SECTION 1001 OF THE U.S. CODE

I certify under the penalty of perjury that the information in this Request is true and correct.

HEAD OF HOUSEHOLD:

[Signature]

Date

[Printed Full Name]

FAMILY MEMBER WITH A DISABILITY:

(To be signed by a parent or legal guardian or custodian if this is a minor child):

[Signature]

Date

[Printed Full Name]





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ATTACHMENT A (FORM VETERINARIAN CERTIFICATION)
Request For Veterinarian Certification
Regarding Assistance Animal

<INSERT DATE>

<<INSERT NAME OF VETERINARIAN>>

<<INSERT ADDRESS>>

<<INSERT CITY, STATE ZIP>>

Dear Veterinarian:

McKean County Housing Authority (MCHA) is a provider of affordable housing benefits to low-income families within McKean County. <<INSERT APPLICANT/RESIDENT NAME>> ("Requestor") is an MCHA applicant or resident of MCHA. He/she has requested that MCHA approve a <<ANIMAL BREED>> <<ANIMAL TYPE>>, named <<INSERT ANIMAL NAME>> as an Assistance Animal to reside in his/her apartment. Before MCHA can respond, in order to protect our residents, staff, and other approved animals we need to ensure that the animal is in good health, temperament, and otherwise is suitable to reside in MCHA property.

Please fill out the certification on the next page. When you are done, please return the complete form to me at the address below:

McKean County Housing Authority
Attention: Alcherrie Williams, 504 Coordinator
415 W. Main Street, Smethport, PA 16749

Please also attach documentation evidencing that the animal has been spayed/neutered.

If you are unable to certify to any of the assertions on the form, please

To expedite the process, you may also fax the documentation to me at 814-817-2744. If you have any questions, you may call me at: (814) 887-5563. If I have additional questions, I may call you as well.

Thank you for your assistance.

Alcherrie Williams, McKean County Housing Authority 504 Coordinator





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Veterinarian Certification

I, _____, am a licensed Veterinarian in the state of _____.

On _____ I examined the Assistance Animal named _____ ("Assistance Animal"), approximate age _____. As a result of my examination I make the following five (5) certifications: **(please check all that apply)**

- Assistance Animal is in good health for an animal of its breed and age.
- Assistance Animal is free of all pests (ticks, fleas, mites, etc.).
- As of the date of this certification, Assistance Animal is up to date on all recommended vaccinations and care.
- Assistance Animal has been spayed/neutered and documentation to that effect is attached hereto.
- Assistance Animal is not aggressive and otherwise has good temperament.
- I believe that Assistance Animal has the physical, mental and emotional ability to provide the following assistance to a disabled member of the household:

[MCHA STAFF WILL INSERT NECESSARY ASSISTANCE FROM 3RD PARTY VERIFICATION FORM].

If you did not check any of the above or otherwise have any concerns about the animal, please explain:

[SIGNATURE FOLLOWS ON NEXT PAGE]





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TITLE 18, SECTION 1001 OF THE U.S. CODE

Veterinarian's Signature

[Signature]

Date

Vet's Printed Name:

Vet's License Number/State/Expiration Date:

Vet's Phone Number:

Vet's Email Address:

