



**REQUEST FOR
ASSISTANCE / ESA ANIMAL**

Resident/Applicant Name: _____

Unit #: _____ Bed # _____ Type of Animal: _____

Phone: _____

Email: _____

Please return this form **within 7 days** to:

Meadows Crossing
10745 48th Avenue, Suite B-100
Allendale, MI 49401
Attn: Karen Kilmer, Property Manager
E-mail: karen@meadowscrossing.net
Phone: 616-892-2700

Meadows Crossing provides reasonable accommodations to our residents with disabilities who have a verifiable need for the reasonable accommodation, unless it would be an undue hardship to do so.

Under federal law, an individual is disabled if he or she has a physical or mental impairment that substantially limits one or more major life activities. The term "substantially limits" suggests that the limitation is "significant" or "to a large degree." The term "major life activity" means those activities that are of central importance to daily life, such as seeing, hearing, walking, breathing, performing manual tasks, caring for one's self, learning, and speaking.

A reasonable accommodation is a change to any policy, practice or procedure that is not unduly burdensome and is both reasonable and necessary in order for the resident to have an equal opportunity to use and enjoy their housing. **Please note that such accommodations must be necessary, not just desirable.** Making an exception to a no-pet policy can be a reasonable accommodation if it is necessary for a resident to use an assistance animal. **An assistance animal is not a pet. It is an animal that works, provides assistance, or perform tasks for the benefit of a person with a disability.** Meadows Crossing is not required to and does not provide an accommodation when the request is a matter of convenience or preference only.

1. I _____ am an individual with a disability as defined on the previous page.

YES

NO

I DON'T KNOW

2. I am requesting the following assistance animal : _____

(Please describe the specific animal you are requesting below.)

3. The assistance animal described above is **necessary** in order for me to have an equal opportunity to use or enjoy my housing because:

4. The assistance animal described above works, provides assistance, performs tasks/services and/or provides emotional support that alleviates my disability in the following ways:

5. Please list any alternative accommodations or modifications (if any) that you believe could satisfy your disability-related needs if Meadows Crossing is unable to grant your request:

6. Please provide any other comments that you believe would be helpful to assist in the evaluation of your request.

CERTIFICATION: I certify that the information provided above is true and complete.

Signature of Applicant

Date: _____

Name of Applicant

WARNING: Title 18, Section 1001 of the U.S. Code makes it a criminal offense to make false or fraudulent statements or misrepresentations to any department or agency of the United States, including the Department of Housing and Urban Development, as to any matter within its jurisdiction.