



Expert Knowledge - Exceptional Service

SERVICE / COMPANION ANIMAL REQUEST VERIFICATION

DATE: _____

TO: _____
(Healthcare Provider's Name)

(Healthcare Provider's Address)

(Healthcare Provider's Phone Number)

FROM: **Terra Properties Inc.
110 Executive Drive
Highland, IL 62249**

RE: REQUEST FOR SERVICE / COMPANION ANIMAL

TENANT NAME: _____

PROPERTY: _____ APT#: _____

ADDRESS: _____

The Tenant named above has applied for an apartment or is living in our apartment community already. The Tenant has requested permission to keep an animal at their apartment.

Our lease prohibits tenants from keeping animals of any kind at the community. However, if an individual with disabilities requests permission to keep an animal, we must consider the request. We must verify that the individual qualifies as disabled under federal law and **requires** the animal in order to have an equal opportunity to use and enjoyment of the apartment community.

We would appreciate your consideration in answering the questions on this form and returning it to our owner listed above. Enclosed is a stamped, self-addressed envelope for this purpose. The tenant has consented to this release of information, as shown on the back of the form

INFORMATION REQUESTED *(To be completed by Healthcare provider)*

1. Is the tenant disabled as defined on the next page? YES _____ NO _____
2. Does the above named have a disability related need? YES _____ NO _____

110 Executive Drive Highland, IL 62249
PH: 1-800-736-8669 FX: 1-618-654-1480
mail@terra-properties.com
www.1800rentnow.net

Terra Properties Inc. is an equal opportunity provider.

Rev. 10-25-2022





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DEFINITION OF DISABLED (To be completed by Healthcare provider)

Under federal law, an individual is disabled if he/she has a physical or mental impairment that substantially limits one or more major life activities; has a record of such an impairment; or is regarded as having such an impairment.

The term physical or mental impairment includes, but is not limited to, such diseases and conditions as orthopedic, visual, speech, and hearing impairments, cerebral palsy, autism, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, Human Immunodeficiency Virus (HIV) infection, mental retardation, emotional illness, drug addiction, and alcoholism. This definition does not include any individual who is a drug addict and currently using illegal drugs or an alcoholic who poses a direct threat to the property or safety because of alcohol use [24 CFR Part 8.3, and HUD Handbook 2350.3 (Exh. 2-2)]

Name of Person Supplying Information (Print)

Title

Firm / Organization

Phone Number

By signing below, I acknowledge that I may at some point be required to appear and testify in court on this matter.

Please check which applies: Service Animal _____ Companion Animal _____
Assistance Animal _____

TENANT RELEASE

TO THE TENANT:

Please take this Request Verification to your Healthcare Provider and have them fill out the above information.

RELEASE: I hereby authorize the release of the requested information. Information obtained under this consent is **limited to information that is no older than 12 months**. There are circumstances which would require the owner to verify information that is up to 5 years old, which would be authorized by Terra Properties Inc. on a separate consent attachment to a copy of this consent.

Signature

Date

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