

**HENDLEY PROPERTIES, INC.**  
**APPLICATION AND REQUIREMENTS FOR EMOTIONAL SUPPORT ANIMAL**

We are glad that you have chosen to rent with Hendley Properties, Inc. ("Hendley"). Please be advised that Hendley complies with the Fair Housing Act (FHA). You have been advised that you are renting either in a "pet free" or "animal free" unit, a unit which restricts certain types or breeds of animals and/or a unit that permits pets but requires a pet deposit and/or a monthly pet fee. As a private landlord and owner, Hendley has the right to enforce such restrictions and provisions in your lease.

You have advised Hendley that despite the foregoing, you are requesting an assistance animal as a reasonable accommodation for a disability under the FHA. In order to process this request, Hendley needs certain information from you and your health care provider. **Please be aware that if the request is granted, you will be expected to cover the costs for repairs due to any damage caused by your approved assistance animal, just as all of Hendley's tenants are charged for cost of repairs caused by a tenant.**

**Hendley is not asking you or your health care provider to provide any protected or private medical information or to disclose the details of your disability as such information is protected by law.** Hendley does need the information below to be completed by you and your health care provider to evaluate your application, to see if you are entitled to an assistance animal as a reasonable accommodation and if one can be made for you. You need to fill out the information below and ask your health care provider to fill out Page 2 and return it to Hendley to complete your application.

Name of Tenant or Applicant: \_\_\_\_\_

Property/Rental Unit: \_\_\_\_\_

Requested Type and Breed of Emotional Support Animal:

\_\_\_\_\_

Weight of Emotional Support Animal: \_\_\_\_\_

Do you (the tenant/applicant) have a disability, defined as a physical or mental impairment that substantially limits one or more major life activities? \_\_\_\_\_

Do you (the tenant/applicant) have a disability-related need for an assistance animal?  
\_\_\_\_\_

Does the requested animal work, provide assistance, perform tasks or services for you, or provide emotional support that alleviates one or more of the identified symptoms or effects of your existing disability? \_\_\_\_\_

This information is certified to be truthful as of this \_\_\_\_\_, day of \_\_\_\_\_, 20 .

\_\_\_\_\_  
Signature of Tenant/Applicant

**HENDLEY PROPERTIES, INC.**  
**APPLICATION AND REQUIREMENTS FOR EMOTIONAL SUPPORT ANIMAL**

To be completed by tenant/applicant's physician, psychiatrist, psychologist, licensed social worker or other licensed mental health professional. Alternatively, health care professional may provide own form or letter, provided that all information below is addressed:

Name of Tenant/Applicant: \_\_\_\_\_

Health Care Professional Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Health Care Professional Address: \_\_\_\_\_

Profession: \_\_\_\_\_

Name of Practice: \_\_\_\_\_

State(s) Admitted to Practice: \_\_\_\_\_

Professional License Number: \_\_\_\_\_

I hereby certify that I am familiar with the above named tenant/applicant who is being treated under my care. Said tenant/applicant has a disability as defined by the Fair Housing Act, Section 504, as either having (i) a physical or mental impairment that substantially limits one or more major life activities (such as walking, seeing, working, learning, washing, dressing, etc.), (ii) a record of having such an impairment, or (iii) being regarded as having such an impairment.

It is my opinion that an emotional support/assistance animal is necessary in order for this tenant/applicant to use and enjoy his or her residence.

Due to the disability as defined under the FHA, the applicant/tenant requires the following type of emotional support animal: \_\_\_\_\_

Without disclosing private or protected health information about this applicant/tenant, please briefly explain how the emotional support/assistance animal will help or mitigate symptoms or effects of the disability if permitted to live with tenant/ applicant:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Certified by the undersigned health care professional to be true this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Signature of Licensed Health Care Professional