



## PUBLIC HOUSING ASSISTIVE / COMPANION ANIMAL APPLICATION

Public housing tenants with special needs related to a disability may own an assistive or companion animal as a reasonable accommodation, subject to compliance with the requirements set forth in the Assistive / Companion Animal Policy. You will be informed of the Housing Authority's granting, denial, or status of this request within thirty (30) days of the receipt of this request.

Head of Household Name: \_\_\_\_\_

Address: \_\_\_\_\_ Tenant ID #: \_\_\_\_\_

1. Name of household member requesting an assistive or companion animal as a reasonable accommodation:  
\_\_\_\_\_
2. Type of reasonable accommodation requested:  Assistive Animal  Companion Animal
3. Describe the accommodation you are requesting (tell us specifically what you need):
4. Describe why this accommodation is needed and how it relates to a disability:
5. List the name of the doctor, other health care professional, or social worker, with medical or professional knowledge of the disability, who can verify the disability and the need for the accommodation requested. The Housing Authority will contact this person directly for verification.

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

Hospital, Clinic, or Office: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Authorization to Release Information: I authorize the qualified professional listed above to disclose relevant information to the Housing Authority of the County of Santa Cruz regarding the need for a reasonable accommodation. I understand the information the Housing Authority obtains will be kept confidential and used solely to determine if an accommodation should be provided.**

\_\_\_\_\_  
Signature of Family Member  
requesting accommodation

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

## Type of Assistive / Companion Animal

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**I request authorization to keep the following small assistive or companion animal(s):**

Caged animal(s) Type: \_\_\_\_\_ Number: \_\_\_\_\_

Aquarium Type: \_\_\_\_\_ Number: \_\_\_\_\_

**I request authorization to keep the following large assistive or companion animal:**

Name of Animal: \_\_\_\_\_ Type: \_\_\_\_\_

Breed: \_\_\_\_\_

## Responsible Parties

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The following persons are designated by me to be contacted in the event that I am unable to care for my assistive or companion animal.

\_\_\_\_\_  
Name Address Phone Number

\_\_\_\_\_  
Name Address Phone Number

I have received a copy of the Public Housing Assistive / Companion Animal Ownership Policy and understand the requirements for keeping an assistive or companion animal in my unit. The following is the information required by the Housing Authority to process my application for assistive or companion animal ownership.

### Required attachments for dogs and cats:

Proof dog / cat has been spayed / neutered

Proof of locally required license(s)

Proof of all inoculations required by local SPCA

Photograph of dog or cat

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

\_\_\_\_\_  
Date