

Wellesley Townhouses Cooperative
35661 Smith Rd.
Romulus, MI 48174

Date

Re: Service Animal Request

Dear Member,

Recently you inquired about obtaining a service animal. You may be allowed to have a service animal pursuant to the terms of the Fair Housing Act in the event your circumstances warrant such modification to the Rules and Regulations. In order to qualify you must show that you have an illness or condition that limits one or more of your major activities of daily living, that you have a disability that qualifies under the law and that your treating physician has determined in your medical records how your condition limits such activities.

The member of record must complete the attached forms with one exception. Your treating physician **must** complete the attached "Physician's Verification for Service Animal" form. The packet must be returned to the office and will then be submitted to the Board of the Directors for further review. The Cooperative may limit the number of service animals to one per household.

Until such time as you present the sufficient evidence that you qualify for this service animal under the Fair Housing Act, if you have a service animal you are in violation of your Occupancy Agreement and the Cooperative reserves the right to terminate your tenancy.

Sincerely,

Wellesley Townhouses Cooperative Management

Professional Property Services

(Attachment #1)

SUBJECT: PRELIMINARY REQUEST FOR REASONABLE MODIFICATIONS/ACCOMODATIONS

DATE: _____ **RESIDENT NAME:** _____

COMMUNITY: _____ **ADDRESS:** _____

AREA TO BE MODIFIED: _____ **CITY, STATE, ZIP:** _____

I hereby request the following modification of: Existing premises Administrative policies

Describe:

I understand that this is a preliminary request and that the Community will respond to this request in writing within forty-five days.

I further understand that management will make every effort to fulfill my request; however, if the request is deemed to create an undue financial or administrative burden, or result in a fundamental alteration in the nature of the program, I understand that my request may be denied or I may be responsible for payment of the accommodation/modification.

Signature of Resident/Applicant: _____

Date: _____ Time: _____ Phone: _____

Approved

Denied

If approved, responsible party for payment of modification(s): _____

Comments:

Property Supervisor: _____ Date: _____

504 Coordinator: _____ Date: _____



WELLESLEY TOWNHOUSES COOPERATIVE

SUBJECT: PHYSICIAN'S VERIFICATION FOR SERVICE ANIMAL

DATE: _____

TO:

RETURN TO:
Wellesley Townhouses Cooperative
35661 Smith Road
Romulus, MI 48174
734-729-3328 (Phone)
734-729-2351 (Fax)
Attn: Michele

APPLICANT/RESIDENT: _____
ADDRESS: _____ **UNIT#:** _____
CITY, STATE, ZIP: _____
S.S. NUMBER: _____
CASE/I.D. NUMBER: _____

This person has applied for an accommodation to Branford Townhouses Cooperative's "No Pet Policy". The patient alleges a medical necessity, which would require the use of a service animal as treatment for the patient's condition.

We ask for your cooperation in providing the following information and returning it to the person listed at the top of the page. Your prompt return of this information will help assure timely processing of the application for assistance. Enclosed is a self-addressed, stamped envelope for this purpose. The applicant/resident has consented to this release of information as shown below.

FOR MEMBER/PATIENT:

YOU DO NOT HAVE TO SIGN THIS FORM IF EITHER THE REQUESTING ORGANIZATION OR THE ORGANIZATION SUPPLYING THE INFORMATION IS BLANK.

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. If there are circumstances which would require verification of the information that is up to 5 years old, I will execute a separate authorization to permit my treating physician to release this information.

Signature: _____
(Member/Patient)

Date: _____

INFORMATION BEING REQUESTED:

Name: _____
(Patient)

I hereby certify that in my professional opinion _____ is in need of a service animal for the following reasons: (Patient)

1) Diagnosis:

2) In order to qualify for a service animal the individual must show that they have an illness or condition that limits one or more of their major activities of daily living. The Diagnosis that limits the following major life activities of the patient:

3) A service animal is necessary to alleviate the problems associated with the illness or conduct of my patient. Please describe how the service animal will assist the patient as a result of the condition described above:

(Attached a separate sheet is more space is required)

These factors make it medically necessary for the patient to have a service animal. This condition is ____ Permanent or ____ Will be re-evaluated annually. (Please check one.)

Upon request I will provide deposition testimony, and/or testify at an administrative or court proceeding.

Name & Title of person supplying information

Firm/Organization

Signature

Date

Phone Number

PENALTIES FOR MISUSING THIS CONSENT:

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willing making false or fraudulent statement to any department of the United States Government. HUD, the PHA and any owner (or any employee of HUD, the PHA or the owner) may be subject to penalties for unauthorized disclosure or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purpose cited above. Any person, who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more that \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the PHA or the owner responsible for the unauthorized disclosure for improper use.

The Cooperative does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in its federally assisted programs and activities. The occupancy manager has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24CFR part 8 dated June 2, 1988).

Wellesley Townhouses Cooperative
Service Animal Permit /Application

Member

Type and Breed of Pet

Address

Size, Color, Etc

Telephone

Weight (when full grown)

City License # _____ Date of License _____ Name of Pet: _____

The member authorizes the Cooperative at the time of registration to take a photograph of the service animal and retain the photograph in the Member's file.

The Member acknowledges by signing this form he/she has read the Wellesley Townhouses Cooperative rules and regarding service animals. The Member understands that in order to continue to have the privilege of retaining the service animal they must abide by the rules and regulations and all governmental regulations of a service animal.

If approved this permit entitles me to keep a service animal (as described above) so long as I abide by the rules and regulations in the service animal policy.

Members Signature

Date

Authorized Cooperative Representative

Date

Unit Number _____

Approved _____

Denied _____

Reason for
Denial: _____

WELLESLEY TOWNHOUSES COOPERATIVE
SERVICE ANIMAL POLICY

Other than fish, caged birds, and customarily home-caged animals such as hamsters, no animals are allowed within the Cooperative without having the animal registered.

Members having an approved service animal permit must follow the rules and regulations as follows:

1. Service animals registered with the Cooperative must be registered at the Cooperative office between January 1st and January 31st annually by presenting a current license from the City of Romulus. This applies to both cats and dogs. Members not registering their service animal during this registration period will be subject to a \$100.00 assessment fee. Failure to pay the charge within 30 days and continued failure to register the service animal may result in revocation of service animal permit requiring the immediate removal of the service animal as well as loss of membership and occupancy. A decal indicating the presence of an animal in your unit will be issued upon initial registration and must be placed and remain on the front storm door.
2. Cats are not permitted outside the unit for any purpose other than to transport from place to place. For no reason whatsoever are they permitted to roam the property not even within a member's privacy fence. When transporting they must be secured inside an animal carrier. Dogs are permitted outside the unit for purposes such as exercise; play, etc however must be on a leash or chain not to exceed 10 feet in length. They must never be left unattended as this poses a hazard to both the dog and fellow members. Leashes/chains must not be attached to trees, shrubs, meter boxes, utility poles, etc.
3. Service animals are not permitted to make loud or unreasonable noises that may be disturbing to fellow members of the Cooperative. Should a warning be issued and the disturbance continues the Member will be directed to remove the service animal permanently.
4. Members are financially responsible for any and all damages and/or injuries caused by their service animal. By registering, they agree to indemnify and hold the Cooperative harmless from any liability. Members agree to reimburse the Cooperative for damages, judgments, costs and/or attorney fees incurred by the Cooperative as a result of damages/injuries. Service animals found to have injured anyone must be removed from the property within 24 hours of incident. Service animal owners promise to reimburse fellow members for any costs due to damages caused by their service animal.
5. Members must immediately clean up messes caused by their service animal. The term "messes" is defined to include defecation, garbage, and the like. Dog droppings must be disposed of by being placed in a plastic sack, secured and then placed in a garbage receptacle. Cat owners must supply a litter box for waste that must be kept inside the unit. Cat litter must be disposed of using 2 ply plastic garbage bags. This must be securely closed before placing inside trash receptacles. Failure to comply will result in the following 1st offense-\$50 fine, 2nd offense-\$100 fine and 3rd offense \$100 fine and possible eviction.
6. Member's shall take adequate precautions and measures necessary to eliminate odors within or around the unit, prevent health hazards and shall maintain the unit in a sanitary condition at all times.
7. Members are prohibited from harboring or feeding stray animals. The feeding of stray animals shall constitute having a pet without the written permission of the Board of Directors.
8. The service animal must be spayed/neutered after reaching 6 months of age and proof of same given to the office.
9. Upon the death of a service animal, the member must inform the office and dispose of the remains in a

proper fashion. Remains are not permitted to be buried on Cooperative property or placed inside trash receptacles.

10. The service animal permit allows only for the service animal described on the registration form. It does not permit pet visiting/sitting of any kind other than assistance animals needed by visitors with disabilities.
11. It is the responsibility of the member to ensure their service animal is contained whether or not they are home as staff or contractors may need to enter. This includes times such as those when the unit may be treated for infestations. Wellesley will not be held liable for the ill health or death of a service animal due to treatments.
12. Current breeds not permitted at Wellesley- Pit Bulls, Rottweiler and Dobermans.

I agree to abide by the policies listed above. I understand the Board of Directors has the right to change these policies from time to time. A 30-day notice will be issued to members prior to any rule changes. I understand upon a complaint being filed with the office regarding violation of the service animal policy, Management reserves the right to inspect my unit without prior notification to ensure these policies are being followed.

Members Signature

Date

Authorized Cooperative Representative

Date

Unit Number _____