



Sensible Home Management

"Professional management at affordable prices"

Assistance Animals Policy Guidelines for Residents

Until a Reasonable Accommodation has been granted the Assistance Animal may not occupy the rental property.

Request for an Assistance Animal Accommodation

If you need to live with a service animal because of your disability, make a request to your landlord or manager for a reasonable accommodation. It is best to submit these requests in writing, but verbal requests are acceptable.

Verification of your disability and need for an Assistance Animal

You may be asked to provide written verification that you have a disability and that the accommodation of an assistance animal is necessary to give you an equal opportunity to use and enjoy your housing. If your landlord or manager asks for this verification, you should obtain a signed letter from your doctor or other medical professional, or other qualified third party who, in their professional capacity, has knowledge about your disability and your need for a reasonable accommodation. You do not have to provide details about your disability or about the specific tasks the Assistance Animal performs. (Sample letters are attached)

Animal care and Supervision

You are responsible for the care of your service animal. You must supervise your animal and maintain full control of it at all times. This means that while the animal is in common areas, it is on a leash, harnessed, in a carrier, or otherwise in your direct control. When in the presence of others, the animal is expected to be well behaved (not jumping on or nipping at people, not snarling or barking, etc).

You are responsible for the proper disposal of animal waste –

- Carry equipment to clean up your assistance animal's feces whenever the animal is in common areas.
- Properly dispose of animal waste and/or litter.
- If you need assistance with cleanup, arrange for such help through family, friends or advocates.

SAMPLE LETTER

REQUEST FOR REASONABLE ACCOMMODATION

Applicants or residents may use a letter with this type of language when requesting to live with an assistance animal as a reasonable accommodation. Use of this form is NOT required, but it is recommended that you document accommodation requests in writing.

Date: _____

To: Sensible Home Management
1911 SW Campus Dr, 154
Federal Way, WA 98023

RE: _____ (Address of Rental Property)

I have a disability as defined by the fair housing laws. I use an assistance animal to assist me with the functional limitations related to my disability. My service animal enhances my ability to live independently, and to use and enjoy my housing fully.

Type of assistance animal (dog, cat, etc): _____

As an accommodation for my disability, I request that you:

_____ Waive the "no pet" policy

_____ Waive the pet weight/height restrictions

_____ Waive pet deposit or fees

_____ Other: _____

I have attached a letter from a medical professional or other qualified third party who, in their professional capacity, has knowledge about my disability and my need for a reasonable accommodation. The letter verifies that I have a disability as defined in the fair housing laws, and that I have a disability-related need for a service animal.

Please advise me of your response to my request for an accommodation by _____ (date).

Signed: _____

Printed Name, Address & Phone Number:

Guidance for Health Care and Qualified Professionals: Verifying Reasonable Accommodation and Modification Requests

Dear Health Care Provider or Qualified Individual:

Fair housing laws allow an individual who has a physical, mental, or sensory disability to request that a housing provider grant him/her a reasonable accommodation (a change in rules, policies, or practices) or reasonable modification (a structural change to a dwelling). Once an applicant or resident has made a request, a housing provider may ask that the person obtain written verification of disability and/or verification of the need for the accommodation, if not obvious or known.

Verification of disability or need for an accommodation may come from a medical professional, peer support group, non-medical service agency, or a reliable third party who is in a professional position to have knowledge about the person's disability and/or need for accommodation. The verification should state that the person meets the fair housing definition of disability, and that the requested accommodation is necessary and is related to the disability.

For the purposes of requesting a reasonable accommodation or modification in housing in Washington state, **disability is defined as “the presence of a sensory, mental, or physical impairment that: (i) is medically cognizable or diagnosable or (ii) exists as a record or history or (iii) is perceived to exist whether or not it exists in fact.”** Additionally, “a disability exists whether it is temporary or permanent, common or uncommon, mitigated or unmitigated ... or whether or not it limits any other activity...” (RCW 49.60.040)

The verification letter should include the following items:

I. **Qualification of person** writing the verification letter.

II. **Nature of relationship** the professional has with the person making the request. III. **Statement that** the person has a disability that meets the state definition above. **Important Note:** Revealing a diagnosis puts an individual at risk of additional discrimination. Before naming a specific diagnosis or category of disability, obtain the person's informed consent.

IV. **Describe how the accommodation or modification requested is necessary** to afford the person the equal opportunity to access housing, maintain housing, or for full use and enjoyment of the housing or housing related service. Because housing providers must make only those accommodations or modifications that are necessary, be sure to use words like: “necessary,” “essential,” “prescribed”; when describing that the condition creates a need for the accommodation or modification. The role of the verifier is to establish that the need derives from the disability.

Sample Verification for Reasonable Accommodation / Modification

Re: John Smith's request to live with a service/assistance animal.

Please accept this correspondence as verification that:

I am a licensed medical doctor. I have treated John Smith ~~since~~ May 2013 for a disability condition. Mr. Smith is a person with a disability as defined by the Washington Law Against Discrimination (RCW 49.60) and other fair housing laws.

In my professional opinion, permitting Mr. Smith to live with his service dog Snoopy is necessary for him to access and fully use and enjoy his home.

Please approve John Smith's request for a service animal.

Signature: Dr. Jane Doe

Printed Name: Dr. Jane Doe

Professional Title: Medical Doctor

Name of Clinic, Hospital, Agency, etc.: Seattle Hospital

Address: 500 First Avenue, Seattle, WA 98101

Phone Number: 206-555-1212

Fax Number: 206-555-1234

Email: drjones@seattlehospital.com

Date: January 1st, 2022