

# 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: \_\_\_\_\_



**BRANFORD TOWNE HOUSES 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. All animals must be approved by the Board of Directors prior to obtaining the animal. Owner's of service animals must submit a recent photo of the animal for the office file.

Unauthorized animals include those deemed "Aggressive or Potentially Aggressive" banned by state or federal law and/or city ordinance as well as wild, exotic or undomesticated animals including but not limited to raccoons, pigs, skunks, squirrels, wolves, wild carnivorous and/or poisonous reptiles/snakes. The Board reserves the right to exclude breeds of service animals. For the purpose of this policy "Aggressive or Potentially Aggressive" is defined as: Pit Bull breeds of dogs (American pit bull terrier, Staffordshire bull terrier, American Staffordshire bull terriers, etc), Chows, Doberman Pinchers, Rottweiler's, any Mastiff breeds, Cane Corsos, Presa Canarios and any wolf hybrids. Any dog which is a percentage of up to half-breed dogs of these types is also prohibited.

1. **Registration:** Members must complete the proper registration forms for Board review, prior to obtaining the service animal. Thereafter, service animals must be registered at the Cooperative office between January 1<sup>st</sup> and January 31<sup>st</sup> annually by presenting certification of immunization and a current license from the City of Taylor. 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. Breeding of animals is not permitted.
2. **Control of Service animals:** Cats are permitted outside, however they must be on a leash and under the control of the owner at all times. For no reason whatsoever are they permitted to roam the property not even within a members' privacy fence. When transporting they must be secured inside a service animal carrier. Dogs are permitted outside the unit for service animal purposes such as exercise, play, etc however must be on a leash or chain not to exceed 10 feet in length and must be under the control of the service animal owner at all times, or another person capable of controlling the animal. 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. It is the members' responsibility to ensure they are following all city ordinances.

Animal bites must be reported to the office immediately. Members may be required to permanently remove any animal displaying vicious behavior such as lunging at people, continuous growling, fighting etc. Members **MUST** permanently remove a service animal that has bitten a person or animal within 24 hours. Violations of a non violent/aggressive nature will result in the following: 1<sup>st</sup> violation-\$50 fine, 2<sup>nd</sup> violation \$75 fine, 3<sup>rd</sup> violation \$100 fine and removal of the animal from cooperative grounds.

3. **Responsibility:** Members are responsible for the behavior of their service animals and must assure their service animals do not become a nuisance or menace to other service animals, persons, or property. Service animals are not permitted to make loud or unreasonable noises that may be disturbing to fellow members of the Cooperative.

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.

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 sealed 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 1<sup>st</sup> offense-\$50 fine, 2<sup>nd</sup> offense-\$100 fine and 3<sup>rd</sup> offense \$100 fine, revocation of the service animal permit and possible eviction.

Members shall take adequate precautions and measures necessary to eliminate service animal odors within or around the unit prevent health hazards and shall maintain the unit in a sanitary condition at all times.

To report service animal neglect, abuse, biting, nuisance and destruction of property please provide written notification to the office. Branford reserves the right to require removal of any animal when such reporting results in confirmation of neglect, abuse, nuisance, and/or destruction of property.

**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. Branford will not be held liable for the ill health or death of a service animal due to treatments.**

4. Members are prohibited from harboring or feeding stray animals. The feeding of stray animals shall constitute having a service animal without the written permission of the Board of Directors.
5. 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.

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 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

**BRANFORD TOWNEHOUSES COOPERATIVE**

**SERVICE ANIMAL REGISTRATION FORM**

\_\_\_\_\_  
Member

\_\_\_\_\_  
Type & Breed of Pet

\_\_\_\_\_  
Address

\_\_\_\_\_  
Size

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Weight (*when full grown*)

Date of current vaccination \_\_\_\_\_ (*member must provide copy*)

Date of License \_\_\_\_\_ License Number \_\_\_\_\_ (*member must provide copy*)

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 that by the signing of this registration form that he/she has read the Branford Townehouses Cooperative Rules 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 all governmental regulations of a service animal.

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Member Signature*

**ASSISTANCE ANIMAL VERIFICATION FORM**

Name of Medical Professional: \_\_\_\_\_

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

SUBJECT: Verification of Information Supplied by an Applicant/Tenant for Housing Assistance

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PLEASE RETURN FORM TO:

Branford Towne Houses Cooperative  
Attn: Joy Greene  
9775 Pine Street  
Taylor MI 48180  
313 292 0810 Phone  
313 292 0620 Fax  
Email: branfordcoop@gmail.com

This person has applied for housing assistance under a program of the U.S. Department of Housing and Urban Development (HUD). HUD requires the housing owner to verify all information that is used in determining this person's eligibility or level of benefits.

We ask 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 to ensure timely processing of the application for assistance. The applicant/tenant has consented to this release of information as shown below.

**Area to be completed by a Medical Professional**

The tenant/applicant listed above has requested the use of an assistance animal as a reasonable accommodation for a disability. In order to grant this accommodation the owner of the property will need to verify that there is a disability-related need for the requested accommodation. The following is a definition of an assistance animal as defined by the HUD 4350.3 Occupancy Manual that describes the occupancy requirements and procedures governing the HUD-subsidized multifamily housing programs. This definition should give you further guidance in verifying the need for an assistance animal.

As defined in the HUD 4350.3 Occupancy Manual, assistance animals are animals that work, provide assistance, or perform tasks for the benefit of a person with a disability, or animals that provide emotional support that alleviates one or more identified symptoms or effects of a person's disability. Assistance animals – often referred to as "service animals," "assistive animals," "support animals," or "therapy animals" – perform many disability-related functions, including but not limited to guiding individuals who are blind or have low vision, alerting individuals who are deaf or hard of hearing to sounds, providing minimal protection or rescue assistance, pulling a wheelchair, fetching items, alerting persons to impending seizures, or providing emotional support to persons with disabilities who have a disability-related need for such support. Some, but not all, animals that assist persons with disabilities are professionally trained. Other assistance animals are trained by the owners themselves and, in some cases, no special training is required.

Does the tenant/applicant require an assistance animal to work, provide assistance, or perform tasks for the benefit of a person with a disability, or an animal that provides emotional support that alleviates one or more identified symptoms or effects of a person's disability?  
\_\_\_\_\_ YES \_\_\_\_\_ NO

\_\_\_\_\_  
Name and Title of Person Supplying the Information Firm/Organization Name

\_\_\_\_\_  
Signature Date

**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 that would required the owner to verify information that is up to 5 years old, which would be authorized by me on a separate consent attached to a copy of this consent.

\_\_\_\_\_  
Signature Date

**NOTE TO APPLICANT/TENANT: You do not have to sign this form if either the requesting organization or the organization supplying the information is left blank.**

**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 willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures 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 purposes cited above. Any person who knowingly or willingly requests, obtains, or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$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 or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208(a) (6), (7) and (8). Violations of these provisions are cited as violations of 42 U.S.C. 406 (a) (6), (7) and (8).

Please return the form to the address listed above. Thank You.

