



608 Pine Street / P.O. Box 928 • Sault Ste. Marie, Michigan 49783
PHONE 906/635-5841 • FAX 906/635-9500 • TDD No. 1-800-545-1833 Ext. 429 • www.saulthousing.com

REQUEST/AUTHORIZATION
FOR ANIMAL OWNERSHIP FORM

Tenant Name: _____

Tenant Address: _____

Home Phone: _____ Cell Phone: _____

Animal Information

Type/Breed of Animal: _____ Animal Name: _____

Is the animal spayed/neutered? YES ☐ NO ☐ If yes, when? _____

If no, is a vet appointment scheduled? YES ☐ NO ☐ If no, reason: _____

Veterinarian Name: _____

Address: _____ Phone: _____

Emergency Caregiver Name: _____

Address: _____ Phone: _____

Please attach the following required documents:

- Picture of Animal
- Veterinarian Shot Records/Rabies Certification
- Neuter/Spade Certification
- Proof of current Chippewa County Dog License
- \$100.00 Animal Administration Fee (check or money order only)
- Other: _____

I hereby acknowledge that I have read and understand the rules governing animal ownership, and I, along with all members of my household, agree to fully comply with the SSMHC Animal Policy.

Signature of Tenant: _____ Date: _____

Signature of Tenant: _____ Date: _____



FOR OFFICE USE ONLY:

1. Has the tenant had any past or present housekeeping issues? Yes ☐ No ☐
If yes, specify: _____
2. Has the tenant made any late rent payments within the past 12 months? Yes ☐ No ☐
If yes, specify: _____
3. Is the tenant current on their account? Yes ☐ No ☐
If yes, specify: _____
4. Has the tenant received a prior LV for having an unauthorized animal in unit? Yes ☐ No ☐
If yes, specify: _____

Request has been: **Approved** ☐ **Denied** ☐

If denied, please specify the reason:

If approved, all required documentation must be completed and submitted to the Sault Ste. Marie Housing Commission by _____, or the approval will be revoked.

Additional Comments:

SSMHC Staff Signature: _____ Date: _____