

4. TELEPHONE NUMBER

Four groups of empty boxes for telephone number entry.

E. ASSISTANCE ANIMALS AND SERVICE ANIMALS

(PLEASE COMPLETE THIS SECTION ONLY IF YOU ARE REGISTERING AN ASSISTANCE ANIMAL OR SERVICE ANIMAL)

- 1. Is the animal you are registering a dog that has been individually trained or certified as a service animal to assist you or a household member with a disability? (e.g., Guide Dog For a Blind Individual) Yes [] No []
2. Is the animal you are registering an assistance animal that provides assistance or emotional support for you or a household member with a disability? Yes [] No []

F. MEDICAL, MENTAL HEALTH OR SOCIAL SERVICES CERTIFICATION (FOR ASSISTANCE ANIMALS ONLY)

THIS SECTION MUST BE COMPLETED BY A MEDICAL, MENTAL HEALTH OR SOCIAL SERVICES PROFESSIONAL

The below named is a resident of a housing development operated by the New York City Housing Authority, and has applied for an exemption from any pet weight or breed limit on the grounds that the resident has an assistance animal, defined as one that assists, supports or provides service to a person with disabilities. Complete the following section, sign in the space indicated for physician's or medical professional's signature and return it to the tenant. The tenant's signature on this document also authorizes the health care/social services provider to provide NYCHA with requested information regarding the person with disabilities and the nature of the disability. If the space below is not sufficient, please attach additional pages.

Name [] Telephone number []

Please Print or Stamp Physician or Medical Professional's Name, Office Address and Telephone []

Name of Person with Disability: [] Type of Assistance/Service Animal: Dog [] Cat []

Nature of Disability: []

Describe the nature of the disability associated with the individual named as having a disability: (Attached additional pages if necessary):

[]

Describe the reason this animal is necessary as a reasonable accommodation to assist, support or provide service to the person with the disability indicated: (Attached additional pages if necessary):

[]

Signature []

Signature Date [] (mm/dd/yyyy)

G. TENANT CERTIFICATION

I have read and understand the pet rules. I understand that I may be held liable for any injuries to people or damage to property caused by an animal that I own, or animal that is maintained in or visits my apartment. I understand that I may be charged a service charge for each violation of the NYCHA pet policy. The service charge is calculated to reasonably cover the cost of the property damaged or the additional maintenance costs needed to remedy the cause of the pet policy violation. I hereby certify that I have no other dogs or cats that I have not registered. I understand that the filing of false statements or violation of NYCHA pet rules may subject me to service charges, exclusion of the pet from all NYCHA premises or termination of my lease tenancy.

a. TENANT PRINT NAME []

b. TENANT SIGNATURE []

c. SIGNATURE DATE [] (mm/dd/yyyy)