SERVICE ANIMAL/ EMOTIONAL SUPPORT ANIMAL TENANT AFFIRMATION

Park Name

Park Address			
Dear Property Manager,			
control. This animal meets the		g or Emotional Support Animal in my care, custody and rsuant to the Americans with Disabilities Act (ADA) or is an ards Act.	۱
Animal Type:	Breed:	Name:	
I further advise you that my Se		for "Companion Animal" or "Emotional Support Animal" do work or perform tasks for a person with a disability. The ed to my disability.)
I am not aware of any reason to	believe that this animal would pos	se a direct threat to the health or safety of others.	
Animal will be harnessed, least or Emotional Support Animal's	ned, or tethered when outside my he assistance to me, or my disability p	ontrol at all times. The Service Dog or Emotional Support nome, unless these devices interfere with the Service Dog's prevents using these devices. When it is not physically controlled through voice, signal or other effective methods.	S
ATTACHED IS THE VERIFICATION TYPE, AND STATE OF JURISDIC		DER, INCLUDING THEIR NAME, LICENSE NUMBER, LICENSE	E
I have a physical disabil	ity requiring this animal's assistance	ee:	
OR			
I have a mental, or emo ongoing professional care;	ional disability listed in the Diagnos	stic and Statistical Manual of Mental Disorders and am unc	ler
AND			
I have been prescribed mental or emotional disability.	treatment that requires the animal i	identified above to be with me to accommodate my physical	al,
control, attacks or attempts to a	attack any third party, other than in o	my Service Dog or Emotional Support Animal, is out of my defense of me, trol it, I will remove the Service Dog or Emotional Support	1
Sincerely,			
Tenant Signature Tenant Printed Name Home Site # Date			

PLEASE BE ADVISED, IT IS A CRIMINAL IN SOME STATES TO FRAUDULENTLY CLAIM ASERVICE DOG OR EMOTIONAL SUPPORT ANIMAL STATUS