

COMFORT/SERVICE ANIMAL ADDENDUM

The foll	lowing terms are incorporated into the	ne lease agreement dated _		f	or the property
located	at:		(To be file	lled in by FPM), Ames, Iowa.	
	oved, Manager hereby grants permiss and only upon the following terms ar		Resident's Apartment	Only, the comfort/service	e animal described
1.	The comfort/service animal is a	(mala/famala da	ar	nd is approximately	years old.
2. The comfort/service animal is described by the following breed, height, weight, and physical identifying chatagraphic and is named and is named					aracteristics
3.	Resident agrees the comfort/service animal will not be harmful to anyone needing to enter the rental unit for either scheduled appointments or unscheduled emergency maintenance, if in doubt, resident will kennel the comfort/service animal at all times in their absence for the safety of Furman Property Management, their employees, contractors and prospective tenants.				
4.	Resident hereby represents and warrants the above described comfort/service animal has been properly licensed and inoculated as required by local law, and Resident agrees to maintain such licensing and inoculation of the comfort/service animal and agree to provide a letter from a licensed veterinarian.				
5.	Unless the nature of the comfort/service provided by the comfort/service animal requires otherwise, the comfort/service animal shall be kept on a leash, at all times, when outside the apartment and inside the Apartment Community grounds. It is not permissible to leave your comfort/service animal unattended when it's outside the apartment. Resident shall not, at any time, leave the comfort/service animal on a patio, balcony, carport or garage while away from the apartment. Resident shall remove all droppings by the comfort/service animal from the grounds of the Apartment Community.				
6.	Resident shall insure that the comfort/service animal does not, at any time, disturb any other resident of the Apartment Community nor damage any property located in the apartment or in the Apartment Community. If, in the Manager's sole opinion and discretion, the comfort/service animal has disturbed or is disturbing any other resident or has caused or is causing damage to the property in the apartment or in the Apartment Community, then resident shall remove the comfort/service animal from the apartment and the Apartment Community within ten (10) days after written request. Resident's payment for damage caused by the comfort/service animal shall not entitle the resident to keep the comfort/service animal.				
7.	Except for the comfort/service animal described above, Resident shall not keep any animals in the apartment or within the Apartment Community grounds without the Manager's prior written consent.				
8.	Resident's failure to comply with the terms and provisions of this Comfort/Service Animal Addendum or violation of any representation or assurance contained in this Comfort/Service Animal Addendum shall constitute a default permitting termination of the Lease Agreement.				
9.	Resident hereby warrants that the above described comfort/service animal has no history of attacks or bites against a person or other domestic animal, no history of unprovoked chasing/approaching of a person on public grounds in a menacing fashion or apparent attitude of attack and no history of being a direct threat to the health or safety of others.				
	Attachments required from a Lic	ensed Veterinarian:	License & in	oculations as required b	y local law.
	ACKN	OWLEDGEMENT AND	AGREEMENT BY	ΓENANT	
truthful	dersigned certifies under penalty of pand complete and that the undersign and Comfort/Service Animal is ap	ned will fully abide by all t			
Resid	lent Date	Resident	Date	Resident	Date
	******	***** For Office	Use Only ******	******	****
	Approved Rejected	Date:	By FPM:		

Request for Assistance Animal as a Reasonable Accommodation in Housing

Health Care Professional Form

Requester's Name:	
Address:	
Telephone:	Email:
me to keep an assistance	, intend to request that my landlord permit animal as a reasonable accommodation in housing for my disability. In connection with that application, I am lete this form regarding my disability.
Requester's Signature: _	
	TO BE COMPLETED BY HEALTH CARE PROFESSIONAL
1. Does the indivi-	dual identified above have a disability?
☐ Yes	□ No
•	d for an assistance animal related to that disability? For example, does or would an assistance animal alleviate the symptoms or effects of the disability?
☐ Yes	□ No
, , ,	dersigned health care professional/licensee certifies that he/she 1) has met with the patient or client in person or ficiently familiar with the patient or client and the disability, and 3) is legally and professionally qualified to
Health Care Provider's N	ame: Telephone:
Office / Address	:
Signature:	Date:

References: Iowa Code sections 216.8B and 216.8C

Resources: https://icrc.iowa.gov/ 515-281-4121 800-457-4416

This document may contain privileged and confidential information and/or protected health information intended solely for the use by the recipient housing provider. Please exercise care to avoid dissemination.