C&G PROPERTIES

210 E 17th Ave
Schuyler, NE 68661
Office: 402-809-1008

EMOTIONAL SUPPORT ANIMAL REQUEST

Property Location: _____
Applicant/Tenant Name: _____
Name of Person Requiring the Accommodation: _____

PURPOSE OF THIS REQUEST

This form is specifically for requests involving an emotional support animal (ESA) as a reasonable accommodation to C&G Properties, Inc.'s animal/pet policy.

An emotional support animal provides emotional support that alleviates one or more effects or symptoms of an individual's disability but is not a service animal individually trained to perform work or tasks for a person with a disability.

This form is not intended for service animals, such as guide dogs or other dogs individually trained to perform specific work or tasks for a person with a disability.

By submitting this request, the applicant/tenant authorizes C&G Properties, Inc. to evaluate the requested accommodation and verify information and documentation submitted in support of the request.

The applicant/tenant must provide reliable information and supporting documentation sufficient to establish both a qualifying disability and the disability-related need for the requested emotional support animal when those facts are not already established by reliable information previously provided to or possessed by C&G Properties, Inc.

Merely stating that an emotional support animal is needed does not, by itself, establish a qualifying disability or the disability-related need for the requested emotional support animal.

REQUIRED SUPPORTING DOCUMENTATION

When the qualifying disability and/or disability-related need for the requested emotional support animal is not already established by reliable information previously provided to or possessed by C&G Properties, Inc., the following supporting documentation must be submitted with this Emotional Support Animal Request:

1. Healthcare Provider Certification

The Healthcare Provider Certification section of this form should be completed in its entirety and signed by the qualified healthcare professional supporting the request. Equivalent documentation meeting the requirements stated in Section 2, Healthcare Provider Certification, may be submitted in place of the certification section.

For any Healthcare Provider Certification or equivalent documentation submitted in support of this request, the healthcare professional must be duly licensed in Nebraska or another state, with a current license in good standing, must have personal professional knowledge of the individual, and must support the individual's disability-related need for the requested emotional support animal.

2. Current Rabies Vaccination Certificate, if applicable

Nebraska law requires dogs, household cats, and ferrets to be vaccinated against rabies and to maintain a current rabies vaccination. For any requested emotional support animal subject to this requirement, the applicant/tenant must provide a copy of the animal's current rabies vaccination certificate.

Documentation Standards: An identification card, registration, certificate, vest, badge, or similar document identifying an animal as an “ESA,” “emotional support animal,” “support animal,” or “registered assistance animal” does not, standing alone, satisfy the supporting-documentation requirements of this request. C&G Properties, Inc. does not require disclosure of a specific diagnosis, detailed medical history, treatment records, or other information concerning the nature or severity of the individual's disability.

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1. REQUESTED EMOTIONAL SUPPORT ANIMAL DETAILS

Please complete each section fully and accurately where applicable. When an item does not apply to the animal, enter "N/A." The information requested below is used to identify the specific animal for which the accommodation is requested and to document applicable health, safety, vaccination, and liability information.

C&G Properties, Inc. evaluates requests for support animals in accordance with applicable federal and state fair housing laws and HUD guidance. Requests involving animals that are not commonly kept in households ("unique animals") will be evaluated individually in accordance with applicable fair housing requirements. The applicant/tenant may be required to provide reliable information demonstrating the disability-related therapeutic need for the specific animal or specific type of animal requested.

ANIMAL DESCRIPTION

Type of animal: _____ Breed: _____
Animal's gender: ☐ Male ☐ Female Animal's name: _____
Approximate age: _____ Approximate weight: _____

Has this animal ever bitten, attacked, or caused physical injury to a person or another animal? ☐ No ☐ Yes
If yes, please briefly describe the incident(s), including the circumstances, approximate date, injuries (if any), and the names and contact information of persons involved:

_____

_____

RABIES VACCINATIONS

Current rabies vaccination: ☐ Yes ☐ No Vaccination Date: _____ Expiration Date: _____
Rabies Certificate#: _____
Veterinary Clinic: _____ Clinic Phone: _____
Clinic Address: _____

For animals subject to Nebraska's rabies vaccination requirement, a current rabies vaccination certificate must be provided. C&G Properties, Inc. may contact the veterinary clinic identified above to verify the authenticity and current status of the vaccination information provided with this request.

I authorize the veterinary clinic identified above to confirm to C&G Properties, Inc. the authenticity and current status of vaccination information provided by me.

Applicant/Tenant Signature: _____

ANIMAL LIABILITY INSURANCE COVERAGE

Is the animal covered by a renter's, homeowners, or other liability insurance policy**?** ☐ Yes ☐ No
If yes:

Insurance company: _____ Policyholder: _____
Policy/Certificate #: _____ Agent/Company Phone: _____

Liability insurance is not required as a condition of this accommodation request. This information is requested for informational purposes only. Applicant authorizes C&G Properties, Inc. to verify the existence and current status of the liability coverage identified above.

Applicant/Tenant Signature: _____

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2. HEALTHCARE PROVIDER CERTIFICATION

The Healthcare Provider Certification section of this form should be completed in its entirety and signed by the qualified healthcare professional supporting the request. If equivalent documentation is submitted in place of this certification, it must contain substantially the same information required by the Healthcare Provider Certification section, including confirmation that the provider is duly licensed, has personal professional knowledge of the individual, and that there is a disability-related need for the requested emotional support animal. An online registration, certificate, identification card, questionnaire, brief screening, or similar documentation does not, standing alone, satisfy this requirement.

Full name of individual for whom the emotional support animal accommodation is requested:

_____

As the licensed healthcare professional supporting this request, I certify that:

☐ I am a healthcare professional duly licensed in Nebraska or another state, and my professional license is current and in good standing.

☐ I have personal professional knowledge of the above individual obtained in the course of providing healthcare or professional services.

☐ The individual has a physical or mental impairment that substantially limits one or more major life activities.

☐ I certify the requested emotional support animal described in the Requested Emotional Support Animal Details section of this request provides emotional support that alleviates one or more effects or symptoms of the individual's disability, and there is a disability-related need for the requested emotional support animal.

☐ My certification of this individual's disability and disability-related need for the requested emotional support animal is based upon my personal professional knowledge of the individual obtained in the course of providing healthcare or professional services. My sole service to this individual IS NOT ONLY providing documentation, verification, registration, or certification for an emotional support animal, and this certification IS NOT based solely upon an online questionnaire, brief screening, or interview conducted solely for the purpose of obtaining such items.

Provider's full name: _____ Professional title/credential: _____
Professional license number: _____ State issuing license: _____
Practice/organization: _____ Business telephone: _____
Business address: _____

Provider signature: _____ **Date:** _____

APPLICANT/TENANT AUTHORIZATION FOR HEALTHCARE PROVIDER CONFIRMATION

C&G Properties, Inc. may independently verify available professional licensing and credential information.

An identification card, registration, certificate, vest, badge, or similar document identifying an animal as an "ESA," "emotional support animal," "support animal," or "registered assistance animal" does not, standing alone, establish that an animal qualifies as an emotional support animal for purposes of a reasonable accommodation.

I authorize C&G Properties, Inc. to contact the healthcare professional identified above or identified in equivalent documentation submitted with this request for the limited purpose of confirming that the healthcare professional completed, signed, or issued the Healthcare Provider Certification or equivalent documentation submitted in support of this request and verifying the provider's professional identity, licensing, and credentials. This authorization does not authorize disclosure of my diagnosis, medical records, treatment records, or other confidential medical information.

Applicant/Tenant Signature: _____ **Date:** _____

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3. APPLICANT/TENANT REQUEST FOR ACCOMMODATION

I am requesting a reasonable accommodation to C&G Properties, Inc.'s animal/pet policy for the emotional support animal identified in this request because the animal is needed by the individual identified in this request due to a disability.

I understand that an emotional support animal is not considered a pet when it qualifies as a reasonable accommodation under applicable fair housing laws.

By checking each box below, I acknowledge and certify that:

☐ I understand that this request will be evaluated based upon the information and supporting documentation provided with this request and applicable fair housing requirements.

☐ If this accommodation request is approved, I understand that I will be required to review and sign C&G Properties, Inc.'s Emotional Support Animal Agreement, which will become part of my lease or rental agreement and will establish the requirements and responsibilities applicable to the approved emotional support animal.

☐ I certify that the Healthcare Provider Certification or equivalent documentation submitted with this request was not obtained through an online emotional support animal registration, certification, or documentation service whose sole purpose is to provide documentation supporting an emotional support animal request without personal professional knowledge of the individual.

☐ I certify that the information and documentation provided in connection with this request is true and accurate to the best of my knowledge. I understand that knowingly providing materially false or misleading information, or submitting falsified documentation, may result in denial of this accommodation request and, when permitted by applicable law, may constitute grounds for termination of tenancy or other action under the lease and applicable law.

☐ If I am a prospective tenant, I understand that knowingly providing materially false or misleading information or falsified documentation in connection with this request may also be considered in determining whether to approve my rental application, to the extent permitted by applicable law.

Applicant/Tenant Signature: _____ **Date:** _____
Phone: _____ **Email:** _____
Current Address: _____

FOR MANAGEMENT USE

Date request received: _____
Healthcare Provider Certification/equivalent documentation received: ☐ Yes ☐ No
Rabies vaccination certificate received: ☐ Yes ☐ No ☐ N/A
Provider license verified/current: ☐ Yes ☐ No
Provider confirmation completed: ☐ Yes ☐ No
Accommodation: ☐ Approved ☐ Denied ☐ Additional information required
Date of decision: _____
Management notes: _____
_____
_____
_____

C&G Properties, Inc. Representative: _____ Date: _____