



SERVICE/ASSISTIVE ANIMAL POLICY & PROCEDURE



Service Animal Policy

1. Only the animal named in the Agreement shall reside in the Resident's unit. If at any time there is a change in animal, a new request and agreement will need to be submitted to and reviewed by 5 Star Property Management.
2. The service animal must be properly licensed and have shots required by statute or regulations at all times. Tenant agrees to provide proof of vaccinations (for cats – FVRCP; for dogs – Rabies & DHOPP; or as modified by local law). *Tenant will provide initial proof of vaccinations prior to executing the Service Animal Agreement to the Lease, and annually thereafter.*
3. The resident has the responsibility to care for and supervise the service animal. The resident should maintain full control of the animal at all times. This means that while the animal is in common areas, it should be on leash, harnessed, in a carrier, or otherwise in the direct control of its owner. When around other people or animals, the service animal should be well behaved (no jumping, snarling, nipping, nuisance barking). At no time is the service animal to be chained or tied in any way to the exterior parts of the building, trees or fences.
4. If a service animal is unruly or disruptive (aggressively jumping, nipping, nuisance barking, etc.), 5 Star Property Management may ask the resident remove the animal from a common area. If the animal's inappropriate behavior happens repeatedly, 5 Star Property Management may request that the resident not bring the animal into common areas until the resident has taken steps to mitigate the behavior (such as refresher training), or in some cases, ask that the animal be removed from the residential premises.
5. Tenant agrees not to leave the service animal unattended for any unreasonable period of time. If the tenant is going to be away from the unit for an extended period of time (more than 24hrs), arrangements for the care of the animal will need to be made. At no time is the service animal to be left unattended while in common areas.
6. Tenant is responsible for the proper disposal of animal waste. This includes carrying any necessary equipment needed to clean up your service animal's feces whenever the animal is in the common areas and properly disposing of animal waste and/or litter. If assistance is needed with cleanup, arrangements should be made with friends, family or other advocates.

Failure to comply with any portion of the above Service Animal Policy could result in a 10-day notice to comply, with escalation up-to and including termination of tenancy if the situation is not remedied.



Service Animal Procedure

Make a Request to your Landlord. If you need to live with a service animal because of your disability, make a request to your landlord or manager for a reasonable accommodation. It is best to submit such requests in writing, but verbal requests are acceptable. See attached Form "SERVICE/ASSISTIVE ANIMAL ACCOMODATION REQUEST".

Talk to your health care provider. You will be asked to provide written verification that you have a disability and that the accommodation of a service animal is necessary to give you an equal opportunity to use and enjoy your housing. This verification letter shall be from your doctor or other medical professional, or other qualified third party who, in their professional capacity, has knowledge about your disability and your need for a reasonable accommodation. You do not have to provide details about your disability or about the specific tasks the service animal performs. See attached "REASONABLE ACCOMMODATIONS VERIFICATION".

Reasonable Accommodations

The Federal Fair Housing Act, the Americans with Disabilities Act, Section 504 of the Rehabilitation Act, the Washington State Law Against Discrimination, and local fair housing laws require that housing owners and managers provide reasonable accommodations for applicants and residents who have disabilities. Reasonable accommodations are changes in rules, policies, practices, or services that are necessary for a person with a disability to have an equal opportunity to use and enjoy a dwelling. Allowing residents who have disabilities to live with their service animals is a

reasonable accommodation. Under fair housing laws, a person is considered to be disabled if s/he has a sensory, mental or physical condition that substantially limits one or more major life activities (such as walking, seeing, hearing, working, etc.). The state law definition includes disabilities that are temporary or permanent, common or uncommon, mitigated or unmitigated. Some people have a disability-related need for service animals to assist them with the functional limitations caused by their disabilities.



SERVICE/ASSISTIVE ANIMAL ACCOMODATION REQUEST

INSTRUCTIONS: This form is to be filled out by the Applicant. Email the completed form to info@5StarRes.com, fax to (253) 444-5381 or mail to 10025 Lakewood Dr. SW Suite F, Lakewood WA 98499.

Applicant's Name (please print): _____

Rental Address Applying for: _____

Dear 5 Star Property Management,

I have a disability as defined by the fair housing laws. I use a service/assistance animal to assist me with the functional limitations related to my disability. My service/assistance animal enhances my ability to live independently, and to use and enjoy my dwelling fully.

Type of service/assistance animal (dog, cat, etc.): _____.

As an accommodation for my disability, I request that you waive your "no-pet" policy, waive your pet weight / height restrictions and waive your pet deposit/rents.

I have attached a letter from my doctor or other medical professional, or other qualified third party who, in their professional capacity, has knowledge about my disability and my need for a reasonable accommodation. The letter verifies that I have a disability as defined in the fair housing laws, and that I have a disability-related need for a service animal.

Signature of Applicant

Date



REASONABLE ACCOMMODATIONS VERIFICATION

INSTRUCTIONS: This form is to be filled out by Health Care Provider. Email completed form info@5StarRes.com, fax to (253) 444-5381 or mail to 10025 Lakewood Dr. SW Suite F, Lakewood WA 98499.

Health Care Provider's Name (please print): _____
Provider's Company Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____
Patient's Name: _____ Date of Birth: _____

I hereby declare, under penalty of perjury, that the following statements are true and correct to the best of my knowledge: Above listed Patient is currently under my professional care. My Professional title is: (ie, Medical Doctor, Psychologist, etc.) _____.

The Federal Fair Housing Act defines a disabled person as one who has "(1) a physical or mental impairment which substantially limits one or more of such a person's major life activities, (2) a record of having such an impairment, or (3) being regarded as having such impairment." I hereby certify that Patient is a disabled person pursuant to the above definition from the Fair Housing Act. I also certify that the Patient has a disability-related need for a service animal to assist with the day-to-day functional limitations relating to the disability.

The animal required for this assistance is: (list animal type, size, breed, etc.):

Signature of Care Provider

Date