GREENFIELD VILLAGE RESORT

Assistance Animal Accommodation Request

Resident Name: _____

Property Address: _____

Phone Number: _____

Email Address: _____

Date of Request: _____

Requested Accommodation

Name of Animal: _____

Type/Breed of Animal: _____

Please describe the accommodation you are requesting:

_____

_____

_____

Disability-Related Need

Please explain how the requested accommodation is necessary for you to have an equal opportunity to use and enjoy your home and/or the community's common areas and amenities.

(Do not provide medical records or a diagnosis.)

_____

_____

Supporting Documentation

If your disability and the need for the assistance animal are not readily apparent, please provide documentation from a licensed healthcare professional or other reliable third party verifying:

- You have a disability as defined by applicable Fair Housing laws; and
- The requested accommodation is related to your disability.

Medical records, treatment history, and specific diagnoses are not required.

Fair Housing Notice

Greenfield Village Resort complies with the Federal Fair Housing Act, the Arizona Fair Housing Act, and other applicable laws regarding reasonable accommodations for individuals with disabilities.

An assistance animal is not considered a pet under Fair Housing laws. A resident with a disability may request an assistance animal as a reasonable accommodation when the animal is necessary to afford the resident an equal opportunity to use and enjoy their dwelling and the community's common areas and amenities.

If the disability and disability-related need for the assistance animal are readily apparent or already known, Greenfield Village Resort will not request additional documentation.

If the disability or disability-related need is not readily apparent, Greenfield Village Resort may request reliable information sufficient to verify that:

- The resident has a disability as defined by applicable Fair Housing laws; and
- The requested accommodation is related to the disability.

Greenfield Village Resort will not require disclosure of a medical diagnosis, treatment records, medical history, or other confidential medical information beyond what is reasonably necessary to evaluate the request.

All information submitted in support of a request for accommodation will be maintained in a confidential manner and used solely for the purpose of evaluating the request.

Resident Certification

I certify that the information provided in this request is true and correct to the best of my knowledge. I understand that Greenfield Village Resort may request additional information as permitted by applicable Fair Housing laws in order to evaluate this request.

Resident Signature: _____

Print Name: _____ Date: _____

FOR OFFICE USE ONLY

Date Request Received: _____

Received By: _____

Additional Information Requested: ☐ Yes ☐ No

Date Additional Information Requested: _____

Date Additional Information Received: _____

Decision:

☐ Approved

☐ Approved with Conditions

☐ Denied

Date of Decision: _____

General Manager Signature: _____

Notes: