THE HOUSING AUTHORITY OF THE CITY OF ASHEVILLE

165 S. FRENCH BROAD AVE.

ASHEVILLE, NC 28801

DRAFT – ANIMAL REGISTRATION & APPROVAL APPLICATION

Effective [Insert 2026 Date]

This form must be completed and approved prior to bringing any animal onto HACA property, except where federal law requires immediate accommodation.

SECTION I – RESIDENT INFORMATION

Resident Name: _____

Address: _____

Unit Number: _____

Phone Number: _____

Email (if applicable): _____

SECTION II – TYPE OF ANIMAL *(Select One)*

☐ Service Animal (ADA)

☐ Emotional Support Animal (Reasonable Accommodation Required)

☐ Common Household Pet

SECTION III – SERVICE ANIMAL *(Complete Only If Applicable)*

A Service Animal is defined under the Americans with Disabilities Act (ADA) as a dog individually trained to perform work or tasks for the benefit of a person with a disability.

1. Is this animal required because of a disability? ☐ Yes ☐ No
2. What work or task has the animal been trained to perform?

   _____

   _____

No certification, identification, or proof of training is required. Breed and weight restrictions do not apply to Service Animals.

SECTION IV – EMOTIONAL SUPPORT ANIMAL *(Complete Only If Applicable)*

An Emotional Support Animal (ESA) provides emotional support that alleviates one or more symptoms or effects of a disability. *A reasonable accommodation request is required.*

If the disability and/or need for the animal is not obvious, documentation must be provided from a licensed healthcare provider or qualified professional verifying:

- The individual has a disability; and

- The animal provides disability-related assistance or emotional support.

Documentation attached: ☐ Yes ☐ No
Date documentation submitted: _____
Breed and weight restrictions do not apply to approved ESAs unless there is reliable objective evidence of a direct threat.

SECTION V – ANIMAL INFORMATION: (COMPLETE FOR *ALL* ANIMALS)

Animal Type (Dog, Cat, Bird, Fish, etc.): _____
Breed: _____
Color/Markings: _____
Age: _____
Weight (Fully Grown): _____
Proof of vaccinations attached: ☐ Yes ☐ No
Proof of licensing attached (if required): ☐ Yes ☐ No
Spayed/Neutered: ☐ Yes ☐ No
If not, veterinary certification attached: ☐ Yes ☐ No
Number of animals in household (including this one): _____

For Common Household Pets: Restrictions apply, including 25-pound weight limit fully-grown and breed restrictions (Pit Bull, Rottweiler, Chow, Boxer).

SECTION VI – RESPONSIBLE PARTIES

In case of illness, hospitalization, or inability to care for the animal, the resident must designate **two** responsible parties.

Responsible Party #1
Name: _____
Phone: _____
Relationship: _____

Responsible Party #2
Name: _____
Phone: _____
Relationship: _____

SECTION VII – RESIDENT CERTIFICATION

By signing below, I certify that:

- The information provided is true and accurate.
- I have received and reviewed the HACA Pet Policy.
- I agree to comply with all rules governing animals on HACA property.

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- I understand that failure to comply may result in removal of the animal and/or lease enforcement action.
- I understand that visiting animals must also receive prior written approval.

Resident Signature: _____

Date: _____

SECTION VIII – HACA REVIEW (FOR OFFICE USE ONLY)

Date Application Received: _____

Animal Type:

☐ Service Animal

☐ Emotional Support Animal* ***(see below)***

☐ Common Household Pet

Approval Status:

☐ Approved

☐ Approved with Conditions

☐ Denied*

If denied, reason:

_____

_____

_____

Approval Effective Date: _____

HACA Staff Signature: _____

Title: _____

Date: _____

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** *Emotional Support Animals* must be evaluated through the ***Reasonable Accommodation*** process with the Housing Choice Voucher Program. **

I certify that this process has been completed *(if applicable).*

Initial _____

** **Reasonable Accommodation Approval/Denial must be attached to this document.** **

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