

RESPONSE TO REQUEST FOR ASSISTANCE ANIMAL

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| To: | | | | | | | | (Applicant/Tenant) | | | |
|-----------------------|--|---|--|--|------------------------------|-----------------|------------------|------------------------------|--------------|---------|-------------|
| From: | | Bharatkumar | | | | | | | | | (Landlord) |
| Coi | ncei | rning the Property at | 25448 Northpa | rk Lal | ke | | | Porte | er | TX | 77365 |
| A. | | Landlord imposes the foll Landlord prohibits all per Landlord allows only the Less than 40#, NO Landlord restricts the brown Landlord charges a pet Other: Pet Fee is per Landlord imposes than 40#, NO Landlord charges a pet Other: Pet Fee is per Landlord imposes than 40#, NO Landlord charges a pet Other: Pet Fee is per Landlord imposes the fee is per Landlord imposes the following the fee is per Landlord imposes the following the feet Landlord imposes the feet | ets in the Property e following pets in Aggressive Ba eed, size, and/or Aggressive Ba deposit or fee. | the Prone the Pr | perty: <u>P</u> of pets i | ogs & C | ats perty. De | scribe the r | estriction:_ | | |
| В. | | u have requested Landmal described below. | dlord modify or | provide | an ex | ception to | o the ab | ove restric | tion(s) fo | r the a | assistance |
| C. | If either your disability or the disability-related need for the assistance animal is not readily apparent or known to Landlord, Landlord may request you submit reliable documentation of your disability or disability-related need for the assistance animal. | | | | | | | | | | |
| D. | Lar | ndlord will evaluate you | ur request in acc | cordanc | e with | fair hous | ing laws | and will re | spond pr | omptl | y. |
| | This | s form was provided by: | | | | • | | ord under wri ment or pow | | | |
| | Lan | d ordBharatkumar Naik |] | Date | - | Ву: | | | | | Date |
| | Lan | dlord | 1 | Date | | | | | | | |
| | | Applicant/Tena | Desci ant: Please complet | | | tance an | | and return to | Landlord. | | |
| | | Name: | | | | | | | | | _ |
| | | Type: Color: Neutered/Spayed: Rabies Shot Current: | Weight: ☐ Yes ☐ No. 1 | No No | Declav Bite Hi | ved: [| Yes Yes | □ No □ No | | | |
| <u>By</u> | sigr | ning below I acknowled | ige that I receive | ed, rea | d, and | <u>understa</u> | <u>nd this i</u> | <u>ntormation</u> | <u>.</u> | | |
| Applicant/Tenant Date | | | | | - | | | | | | |
| (TXR 2225) 2-1-18 | | | | | | | | | | | Page 1 of 1 |