



RESPONSE TO REQUEST FOR ASSISTANCE ANIMAL

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To: _____ (Applicant/Tenant)
From: **Cost Realty LP** _____ (Landlord)
Concerning the Property at **2514 Rolling Glen Dr, Spring, TX 77373**

- A. Landlord imposes the following conditions or restrictions on pets in the Property: *(Check all that apply.)*
 - Landlord prohibits all pets in the Property.
 - Landlord allows only the following pets in the Property: **Case by Case**
 - Landlord restricts the breed, size, and/or weight of pets in the Property. Describe the restriction: **Case by Case**
 - Landlord charges a pet deposit or fee.
 - Other: **n/a**
- B. You have requested Landlord modify or provide an exception to the above restriction(s) for the assistance animal described below.
- 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. Landlord will evaluate your request in accordance with fair housing laws and will respond promptly.

This form was provided by:

Or signed for Landlord under written property management agreement or power of attorney.


Landlord **Cost Realty LP** June 15, 2023
Date

By: _____ Date


Landlord June 15, 2023
Date

Description of assistance animal					
<i>Applicant/Tenant: Please complete the following information, then sign and return to Landlord.</i>					
Name: _____					
Type: _____		Breed: _____			
Color: _____		Weight: _____		Age (in years): _____	
Neutered/Spayed: <input type="checkbox"/> Yes <input type="checkbox"/> No		Declawed: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Rabies Shot Current: <input type="checkbox"/> Yes <input type="checkbox"/> No		Bite History: <input type="checkbox"/> Yes <input type="checkbox"/> No			

By signing below I acknowledge that I received, read, and understand this information.

Applicant/Tenant Date