

Request for Accommodation for Service Dog or ESA dog or Cat in No-Pets Designated Aspen Skiing Company Employee Housing

Please complete this form to request waiver of No Pets designated housing, EITHER because (**Check one**)

- My dog is a **Service Dog** under the clarification within the ADA (Americans with Disabilities Act)
A service dog is one who has been trained to perform essential tasks or service for a person with a recognized disability which enable important life activities.

The specific accommodations requested are:

- Allow my dog to live with me in otherwise restricted housing
 Accept my dog accompanying me to workplace, public amenities and spaces
 Permit my dog to accompany me on public transportation
 Other, as described below:

I affirm that my dog, _____, is a Service Animal, and that I have a recognized disability which her/his training specifically enables her/him to assist or mitigate.

Applicant's signature _____ Date _____

*** OR ***

- My dog or cat is my **Emotional Support Animal**
An Emotional Support Animal is one whose presence in your daily life has been recommended to you by a medical professional from whom you have received a diagnosis of a disability and who recommends this presence as having therapeutic value to alleviate symptoms you currently experience due to your disability.

The specific accommodation requested is:

- Allow my dog or cat to reside in restricted (no pets) rental housing.
- This exemption does not waive the requirement for roommates to consent, if the housing is of style where roommates share common areas.
 - This exemption does not override other factors in the application review by PAWH providing grounds for denial of application.

I affirm that my pet, _____, is my emotional support animal, and that I have a recognized disability, for which her presence in my dwelling has a therapeutic value of relieving disabling symptoms, and who is recommended by a licensed medical professional having currently diagnosed and treated me for my disability. I attach this medical professional's letter, dates within 12 months of this application, attesting to this determination.

I affirm that I have obtained this letter from my own diagnosing and/or treating professional who has seen me as a patient, within the last 12 months, and is not providing it on the basis of a purchased evaluation by questionnaire.

I affirm that I am responsible for my animal's behavior at all times while in Aspen Skiing Company employee housing on all premises belonging to Aspen Skiing Company.

Applicant's signature _____ Date _____

**If this is a renewal request for ESA accommodation for a previously approved applicant dyad (same animal and tenant) you must submit this form with an updated ESA letter from current therapist and pay a \$50 processing fee to PAWH. But you need not resubmit application or pay application fee.*

Please email completed form to housingoffice@aspensnowmass.com