













Pet or Service Animal Information Form

ALL Pet owners must complete a Pet Information Form when submitting their application. If pet is accepted, there is a <u>non refundable pet fee</u> associated with having a pet in an AAPM Managed home as follows. Number of pets and weight limit allowed is determined by each investor/owner. For our pet policy please see our website <u>www.aboveallpm.com</u> and click on the Tenant Requirements tab, read item 3.

1 pet <50 lbs is \$300 non refundable pet fee 2 pets (**or** one > 50lbs and <100lbs) - \$500 non refundable pet fee. 3 or more pets - fee is individually priced based on weight of each pet.

Acknowledgement of pet fee:		
Primary Applicant	Co-Applicant	

Pets over 100 pounds will not be considered, NO EXCEPTIONS.

*** ONLY Pets that are current on their rabies vaccination will be considered ***

**PETS that are Bully breed, Aggressive breeds or mixes will not be considered for any AAPM managed home.

Service animals are allowed if the following as described on the Fair Housing site (https://www.nsarco.com/emotional-housing.html) is followed exactly:

"If a person is physically impaired (disabled) and has individually trained service dog to perform a major life task that the person has trouble performing for him or herself (or an emotional support animal **prescribed by a licensed mental health professional**), the Fair Housing Amendments Act of 1988 requires the landlord/property manager to make a reasonable accommodation to their policies and allow the tenant to have an emotional support animal. This includes species, breed, and weight policies."

Exceptions to the Fair Housing standards will not be considered.

Name of Pet Owner:			
Property Address:			
Work /Home Telephone:			
Pet Information (Please list all pe	ets separately):		
PET(S) NAME:			•
PET(S) BREED:			
PET(S) WEIGHT:			
Pet References: Name and Address of Clinic:			
Veterinarian:			
Phone:	email:		
Pet's Emergency Caretaker: Name:			
Phone:	email:		
I/We have read and unders home. I/We (and members the Rental Contract. I/We for named on policy, if required Applicant Signature:	of my household an urther agree to obtai	d visitors) promise to full in renters insurance with	y comply to specific pet
Co-Applicant Signature:		DATE:	
Attach a copy of current rentals@aboveallpm.com - Rent in office			
Thank you, Above All Property Management			
		OFFIC	E USE ONLY
Approved By:	DATE:		
All Records Received, Confirmed	and Current	DATE:	