

# *FOOTSTEP MANAGEMENT LLC*

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## **PLEASE READ ALL FORMS CAREFULLY BEFORE FILLING OUT A ANIMAL APPLICATION (ESA OR SERVICE DOG)**

A copy of the Animal Agreements are available for you to review before lease signing (if you are accepted). You can review on line at [www.werentnow.com](http://www.werentnow.com) or ask to have a copy printed and presented to you when you turn in this application.

- 1. All forms must be filled out fully and completely**
- 2. The "Request of Need For a Reasonable Accommodation", must be fully filled out by the applicant and signed.**
- 3. The "Verification of Need for a Reasonable Accommodation "must be filled out and signed by a local "Health Care Professional "and signed.**
- 4. Forms not filled out fully and completely will not be accepted.**
- 5. All 3 forms; Application, Request for a Reasonable Accommodation, and Verification of need for a Reasonable Accommodation, must accompany your Application. If you are a current tenant, the 3 forms list above must all be summited together.**
- 6. Once approved and before the Animal can enter the apartment a "Service/Emotional Animal Agreement "MUST be signed.**

# SERVICE/ASSISTANCE ANIMAL APPLICATION FORM

Date of Application: \_\_\_\_\_

Name of Pet Owner/s: \_\_\_\_\_

Present address or address moving into: \_\_\_\_\_ Apt. # \_\_\_\_\_

Contact Phone#: \_\_\_\_\_

## *Animal Information*

Animal's Name	Type	Sex/Weight	Spayed/Neutered	License/ID No.
XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX

## *Animal References*

Veterinarian's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

**\* Updated or Current Annual Wellness exam must accompany this application. The animal owner shall provide documentation of proper health care protocols including (a) proof of all required government licensing. (b) Licensed veterinarian proof of current rabies vaccination, flea and tick control, worm control and kennel cough vaccine, and any other veterinarian recommended immunizations, and which provide proof of spay/neuter surgery**

## *Animal's Emergency Caretaker*

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

**I have read and understand the policies related to keeping animals in this rental property (as set forth on the attached Animal Policy. I understand that if my animals are accepted as part of my lease agreement, I will be expected to sign a separate agreement and fully comply with all Animal Policies. Ask for a Sample Animal Agreement to review.**

**\*\*\*\* The following forms; "Request for a Reasonable Accommodation" and "Verification of need for a Reasonable Accommodation" MUST accompany this application.**

Signature of Pet Owner/Tenant: \_\_\_\_\_

# REQUEST FOR A REASONABLE ACCOMMODATION

I am requesting a change, adjustment, or exception to the landlord's rules, policies, practices or services that are associated with housing, and such an accommodation is necessary to afford me, a person with disabilities, with equal opportunity to use and enjoy a dwelling.

I understand that I may be requested to provide reliable disability-related information that (1) is necessary to verify that I meet the federal Fair Housing Act's definition of having a disability, (2) describes the needed accommodation, and (3) shows the relationship between my disability and the need for the reasonable accommodation.

Description of the accommodation requested: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

1. I affirm that I am an individual with a physical or mental impairment that substantially limits one or more major life activities, an individual with a record of such impairment, or an individual that is regarded as having such an impairment.

\_\_\_\_\_  
Yes (initial)                      or                      No (initial)

2. I affirm that the requested accommodation is necessary to allow me, a person with disabilities, with the equal opportunity to use and enjoy housing.

\_\_\_\_\_  
Yes (initial)                      or                      No (initial)

3. I affirm that there is an identifiable relationship, or nexus, between the requested accommodation and my disability.

\_\_\_\_\_  
Yes (initial)                      or                      No (initial)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

**Please also provide a letter from your doctor (or other medical professional) or other knowledgeable third party confirming your disability status and your need for the requested reasonable accommodation.**

**When to use:** This form should be completed by a rental applicant or tenant who has a disability and would like to request a change, adjustment or exception to the landlord's rules, policies, practices or services associated with housing.

# VERIFICATION OF NEED FOR A REASONABLE ACCOMMODATION

\_\_\_\_\_  
*Name of person requesting accommodation*

\_\_\_\_\_  
*Date*

The above-named person has requested a reasonable accommodation to his/her landlord's rules, policies, practices or services associated with housing.

The accommodation requested is \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

1. Does the above-named person have a physical or mental impairment that substantially limits one or more major life activities, have a record of having such an impairment, or is regarded as having such an impairment?

\_\_\_\_\_  
*Yes (initial)*

*or*

\_\_\_\_\_  
*No (initial)*

2. Does the requested accommodation reasonably relate to the above-named person's disability?

\_\_\_\_\_  
*Yes (initial)*

*or*

\_\_\_\_\_  
*No (initial)*

3. If yes, does the above-named person require the accommodation to allow them the equal opportunity to use and enjoy housing?

\_\_\_\_\_  
*Yes (initial)*

*or*

\_\_\_\_\_  
*No (initial)*

4. If necessary, would you be willing to testify under oath to the information provided above?

\_\_\_\_\_  
*Yes (initial)*

*or*

\_\_\_\_\_  
*No (initial)*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Printed Name*

\_\_\_\_\_  
*Phone Number*

\_\_\_\_\_  
*Title*

\_\_\_\_\_  
*Name of Agency*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Address of Agency*

I hereby authorize the release of the requested information.

\_\_\_\_\_  
*Signature of person requesting accommodation*

\_\_\_\_\_  
*Date*

**When to use:** This form should be completed by a doctor or other medical professional or other knowledgeable third party to confirm the applicant or tenant's disability status and the need for a reasonable accommodation to a landlord's rules, policies, practices or services associated with housing.

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## **Service/Assistance Animal Policy**

- 1. Service or Emotional support animal must be pre-approved by filling out all required forms.**
- 2. All service/emotional support animals are accepted with proof of need.**
- 3. Annual Wellness exams are required of your animal. You must show proof of animal vaccinations and animal license. Animals must be spayed/neutered with proof shown. The animal owner shall provide documentation of proper health care protocols including (a) proof of all required government licensing. (b) Licensed veterinarian proof of current rabies vaccination, flea and tick control, worm control and kennel cough vaccine, and any other veterinarian recommended immunizations. (c) Annual wellness exam.**
- 4. Once animal is approved, the Service/Assistance Agreement must be signed before the animal is allowed in the apartment.**
- 5. Your Security Deposit:**  
**Please read entire lease agreement, non-standard rental provisions, rules and regulations and the Service/Assistance Agreement for possible security deposit deductions. \*\* No additional deposit is required but deductions can be made per lease/animal agreement.**
- 6. Service/Assistance Animal Agreement must be signed and all the provisions of such must be strictly adhered to. Not following the Agreement can result in your privilege to have an animal being revoked per the Agreement.**
- 7. Carpets must be professionally steam cleaned and animal sanitized annually, with each lease renewal and at the end of your lease.**