



# Delta Gamma

1873

## Request for Assistance Animal Waiver

**Policy: *Assistance Animals*** - Delta Gamma house corporations prohibit animals and pets on the chapter property, including the house and grounds. Assistance Animals, also known as Emotional Assistance Animals, may be permitted on chapter property, subject to the oversight of the chapter management team and the House Corporation. Waivers to this policy may be granted by the Council.

**Submit to:** The Office of Housing/FHC at [DGhousing@deltagamma.org](mailto:DGhousing@deltagamma.org)

**Due:** At time of the completion/signing of the rooming agreement or at least 4 weeks prior to the date the assistance animal will be on the property.

<b>Name:</b> _____	<b>Chapter:</b> _____
<b>School:</b> _____	<b>Region:</b> _____
<b>Address:</b> _____	<b>Date:</b> _____
<b>City:</b> _____	
<b>State/Province:</b> _____	<b>Zip:</b> _____
<b>Phone Number</b> _____	<b>Email</b> _____

1. Housing Accommodation:

House	<input type="checkbox"/>
Lodge	<input type="checkbox"/>
Annex	<input type="checkbox"/>
Apartment	<input type="checkbox"/>
Other	<input type="checkbox"/> (describe) _____

2. Ownership:

House Corporation	<input type="checkbox"/>
Landlord	<input type="checkbox"/>
University/College	<input type="checkbox"/>

3. House Director on site:  Yes  No

4. Are you requesting reasonable accommodation to possess an assistance animal due to a disability- i.e.: a physical or mental impairment that substantially limits one or more major life activity?  
 Yes  No

5. Do you have a disability-related need for an assistance animal?  Yes  No

6. Type of Assistance Animal, Breed, Species: \_\_\_\_\_

7. Period of time Assistance Animal would be on Property: \_\_\_\_\_

8. Do you have a signed room agreement for the period of time indicated? \_\_\_\_\_

9. This request may require you to pay full rent for a single occupancy room. If a single occupancy room is not available, you may be required to pay the full cost for a double occupancy room.
10. Assistance animals must be supervised at all times while on the property. If left unattended in a room, it must be properly crated or properly contained.
11. The owner of the assistance animal is responsible for the proper removal of all animal waste.
12. This request may be reevaluated and/or denied at a future date if it imposes an undue financial and administrative burden or if it will fundamentally alter the nature of the housing services, or if it is no longer reasonable.
13. This request may be denied if: (1) the specific assistance animal in question poses a direct threat to the health or safety of others that cannot be reduced or eliminated by another reasonable accommodation, or (2) the specific assistance animal in question would cause substantial physical damage to the property of others that cannot be reduced or eliminated by another reasonable accommodation.
14. Please submit a documentation from a prescribing physician relating to diagnosis and treatment of disability or documentation from a social worker or other mental health professional describing the above
15. Additional information may be included below.

I have read, understood, and agree to the foregoing conditions of this waiver.

I agree to indemnify, hold harmless, and defend Delta Gamma Fraternity, Delta Gamma Office of Housing, the local House Corporation, and/or Delta Gamma's agents against all liability, judgments, expenses (including attorney's fees), or claims by third parties for any injury to any person or damage to property of any kind whatsoever caused by my Assistance Animal.

Signature \_\_\_\_\_

Date \_\_\_\_\_