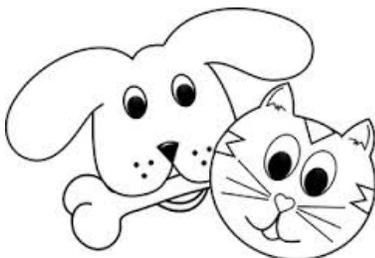




HOUSING AUTHORITY OF THE COUNTY OF CHESTER

30 West Barnard Street, Suite 2
West Chester, PA 19382
Phone 610-436-9200 * Fax 610-436-9203
www.haccnet.org



ANNUAL PET UPDATE VERIFICATION

(Required by the Pet Policy Lease Addendum of the Residential Lease)

Complete this form and return it to your Site Manager.

NAME OF TENANT: _____ DATE: _____

UNIT ADDRESS: _____ TYPE OF PET(S) _____ QTY _____

_____ PET NAME (S) _____

PHONE NUMBER: _____ DATE OF LAST VACINATION: _____

DO YOU HAVE A SERVICE ANIMAL APPROVED BY HACC? () Yes () No

WHAT SERVICE DOES THE SERVICE ANIMAL PROVIDE? (Do not list medical diagnosis).

I hereby certify that the above is true and correct and complete to the best of my knowledge. I understand that any false statement or misrepresentation will be grounds for expulsion from the program and/or prosecution under section 101 of title 18 of the U.S. code.

TENANT SIGNATURE