



RIVERBAY CORPORATION, 2049 BARTOW AVENUE, BRONX, NEW YORK 10475-4613  
VOICE: (718) 320-3326  
www.riverbaycorp.com

## INSTRUCTIONS:

### SUBMITTING YOUR REASONABLE ACCOMMODATION OF DOG APPLICATION

NAME: \_\_\_\_\_  
(print) \_\_\_\_\_  
(cooperator signature) \_\_\_\_\_  
(date cooperator received application) \_\_\_\_\_

Submit only the original application/supporting documentation. Fax, Xerox and email copies are not accepted.

IF ALL PARTS OF THE APPLICATION ARE NOT FULLY COMPLETED and ALL SUPPORTING DOCUMENTATION IS NOT PROVIDED, YOUR APPLICATION WILL BE NOT BE APPROVED. Your completed application should be brought to 2049 Bartow Avenue (main Reception area) where you will be announced to the Legal Department. You must submit this application within 30 days from the date of receipt of this application packet.

Using the checklist below as your guide, complete Steps 1 through 6 below. Use blue ink on all forms.

#### 1) APPLICATION:

- Shareholder must fully complete FORM 1 - Shareholder of the attached application. Upon completion, sign and date the application in the presence of a Notary Public who must notarize your application.
- Submit original application with required attachments.

#### 2) MEDICAL DOCUMENTATION:

- Your medical doctor must fully complete FORM 2 - Medical Doctor of Patient of the attached application. This must be the medical doctor who diagnosed and is treating you (or your family member) for said disability. Answers on FORM 2 - Medical Doctor of Patient must be TYPEWRITTEN by doctor's office.
- FORM 2 - Medical Doctor of Patient must contain your doctor's original signature, date and official stamp plus all requested documentation listed on FORM 2 - Medical Doctor of Patient. (See attached.)
- Submit only original copies of all requested forms and attachments the doctor provides to you.

#### 3) COOPERATOR CERTIFICATION OF INDEMNIFICATION FORM:

- Read the attached Co-op City Rules/Regulations for Permit of "Reasonable Accommodation" of Dog, then complete, sign, date and notarize the Certificate of Indemnification by Cooperator Form.
- Submit the original copy with your application. Shareholder retains the Co-op City Rules/Regulations.

#### 4) DOG LICENSE AND RABIES TAG ID:

- Three (3) clear/legible copies of the current dog license for your dog and 3 copies of the current rabies tag ID.

#### 5) VETERINARY FORM:

- Your dog's Veterinary Doctor must fully complete FORM 3 - Veterinary Doctor. (See attached).
- FORM 3 - Veterinary Doctor must contain your dog's Veterinary Doctor's original signature, date and official stamp plus all requested documentation listed on FORM 3 - Veterinary Doctor. (See attached.)
- All health record copies must be signed and stamped by your Veterinary Doctor.

#### 6) PICTURES OF YOUR DOG: Front and side angle pictures of your dog. Originals only. Three sets.



COOPERATOR CERTIFICATION OF INDEMNIFICATION FORM

I have received a copy of the CO-OP CITY RULES/REGULATIONS FOR PERMIT "REASONABLE ACCOMMODATION" OF DOG. I attest that I have read the CO-OP CITY RULES/REGULATIONS FOR PERMIT OF "REASONABLE ACCOMMODATION" OF DOG and agree to comply with said rules and regulations. I further agree to comply with the Rules of my Occupancy Agreement and all local ordinances while I harbor a dog in my apartment on Co-op City property.

I certify that the dog I am seeking approval to keep in my apartment is a common domesticated dog and is not harmful to the health and safety of others or trained for attack or possesses vicious tendencies such as Pit Bulls, Dobermans, Rottweilers, Akitas, and Wolf Dogs. If the dog violates any requirement of these Rules, I agree to permanently remove the dog from Co-op City property (my apartment) immediately and know that I can be evicted if I fail to do so.

I agree to indemnify, defend and hold Riverbay Corporation harmless from any and all claims, actions, suits, judgments and demands brought by any party on account of or in connection with my dog.

I accept financial responsibility for the entire amount of damages or injury to persons or property or any insect (fleas or other infestations) which may occur because of my dog.

I agree to renew approval of my dog with Riverbay Corporation annually.

I agree to let Riverbay Corporation know of any changes to the health of the individual requiring this dog accommodation or that of the dog.

I agree to affix the dog identification tag provided by Riverbay Corporation and the dog's current license to the collar of my dog and ensure it is displayed at all times.

I understand and agree not to purchase or harbor another dog without first submitting another Reasonable Accommodation of Dog Application and obtaining permission from Riverbay Corporation if the dog which I have currently gained permission to harbor should expire.

I understand my responsibilities regarding the care of my dog and I agree to observe all Riverbay Rules and Regulations in connection with my dog. I understand that I can be evicted if I fail to do so.

(Use blue ink to complete this form)

SHAREHOLDER'S PRINTED NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

SHAREHOLDER'S ADDRESS: \_\_\_\_\_  
(STREET/APARTMENT/CITY, STATE, ZIP CODE)

SHAREHOLDER'S TELEPHONE NUMBER: \_\_\_\_\_

SHAREHOLDER'S SIGNATURE: \_\_\_\_\_  
(SIGN BEFORE NOTARY)

NOTARY PUBLIC:

State of New York )

)ss:

County of \_\_\_\_\_ )

on this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_, before me personally appeared

\_\_\_\_\_ referred to above as shareholder, and who attests that he/she read and agrees to all above regulations.

**REASONABLE ACCOMMODATION OF DOG APPLICATION**

**FORM 1 - Shareholder**

➔ **PART 1**

COMPLETE THIS APPLICATION IF YOU ARE A CURRENT OR NEW RESIDENT OF CO-OP CITY WHO IS REQUESTING PERMISSION TO MAINTAIN A DOG IN YOUR APARTMENT AS A REASONABLE ACCOMMODATION OF A HANDICAP. ENSURE IT IS FULLY COMPLETED. BREEDS SUCH AS PIT BULLS, DOBERMANS, ROTTWEILERS, AKITAS, WOLF DOGS OR ANY OTHER BREED OF DOG KNOWN TO HAVE VICIOUS TENDANCIES ARE PROHIBITED IN CO-OP CITY. **USE BLUE INK TO COMPLETE THIS FORM.**

DATE:

(PRINT CLEARLY)

SHAREHOLDER NAME:

(PRINT CLEARLY)

SHAREHOLDER ADDRESS:

(PRINT CLEARLY)

STREET ADDRESS/APARTMENT NO./COUNTY/STATE/ZIP CODE

SHAREHOLDER TELEPHONE NUMBER: ( )

NAME OF SHAREHOLDER (OR FAMILY MEMBER) WHO REQUESTS DISABILITY ELIGIBILITY TO PURCHASE AND MAINTAIN A DOG:

(PRINT NAME CLEARLY)

RELATIONSHIP TO SHAREHOLDER: SELF ☐ SPOUSE ☐ CHILD ☐ GRANDCHILD ☐  
IF OTHER, SPECIFY: \_\_\_\_\_

IS THIS FAMILY MEMBER LISTED ON YOUR INCOME AFFIDAVIT? YES ☐ NO ☐

BREED OF DOG APPLYING FOR: \_\_\_\_\_

➔ **PART 2**

I understand that dogs are not allowed to residents of Co-op City; however, I, \_\_\_\_\_  
am requesting permission from Riverbay Corporation to maintain a dog in my Co-op City apartment due to the  
handicap of, \_\_\_\_\_, as follows:  
PRINT YOUR NAME HERE  
PRINT NAME OF DISABLED INDIVIDUAL HERE

PLEASE PRINT **VERY CLEARLY**. WE CANNOT ACCEPT ILLEGIBLY WRITTEN ANSWERS. (BLUE INK)

1. Nature of the disability (describe):

2. The physical/mental condition from which the disability results (diagnosis):

Continued....

**CONFIDENTIAL**

**REASONABLE ACCOMMODATION OF DOG APPLICATION**

**FORM 2 - Medical Doctor of Patient**

► **PART 1**

THIS FORM MUST BE COMPLETED AND SIGNED BY THE MEDICAL DOCTOR WHO HAS DIAGNOSED AND IS TREATING SAID PATIENT (OR FAMILY MEMBER) FOR HIS/HER DISABILITY AS LISTED BELOW.

THE INDIVIDUAL PRESENTING THIS APPLICATION IS A RESIDENT/SHAREHOLDER OF A CO-OP CITY APARTMENT. HE/SHE IS APPLYING FOR APPROVAL TO MAINTAIN A DOG DUE TO A DISABILITY OF THE PRESENTING INDIVIDUAL OR FAMILY MEMBER. **TYPEWRITE ALL ANSWERS ON THIS FORM.**

DATE: \_\_\_\_\_

SHAREHOLDER'S NAME: \_\_\_\_\_

SHAREHOLDER'S ADDRESS: \_\_\_\_\_

STREET ADDRESS/APARTMENT NO./COUNTY/STATE/ZIP CODE

PRINT NAME OF PATIENT WHO REQUIRES DISABILITY ELIGIBILITY TO PURCHASE AND MAINTAIN A DOG AND HIS/HER RELATIONSHIP TO THE SHAREHOLDER BELOW:

NAME: \_\_\_\_\_ RELATIONSHIP TO SHAREHOLDER: \_\_\_\_\_

► **PART 2**

**ALL ANSWERS TO THE FOLLOWING QUESTIONS MUST BE TYPEWRITTEN.**

1. Name the aforementioned patient's disability below.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. The physical/mental condition from which the aforementioned patient's disability results (diagnosis):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Continued.....

**REASONABLE ACCOMMODATION OF DOG APPLICATION (continued)**  
**FORM 2 - Medical Doctor of Patient**

3. What is the expected duration of the aforementioned patient's condition?

4. List the therapeutic benefits expected from the aforementioned patient if he/she maintains a dog.

5. Describe how the aforementioned patient's disability interferes with normal activities?

6. Does said disability condition interfere with the aforementioned patient's (or Patient's legal guardian employment? Yes ☐ No ☐  
If "Yes", how?

7. Medical Doctor: Please attach to this form, the requested medical documentation listed below supporting the aforementioned patient's disability condition. All copies must be clear and legible. Please have the patient (or legal guardian of patient) sign below to authorize release of information listed in questions 7 and 8 of this form:

I authorize my aforementioned medical doctor to release medical information requested on this form, Form 2 - Medical Doctor of Patient.

\_\_\_\_\_  
Signature of Patient and/or legal guardian

- A. Copy of medical record(s) containing said patient's diagnosis.
- B. Copy of medical record(s) indicating expected duration of said patient's condition.
- C. Copy of medical record(s) stating recommended therapy.
- D. On the copies of medical documentation you have attached, please highlight where the duration of condition and recommended therapy is documented.

continued...

**REASONABLE ACCOMMODATION OF DOG APPLICATION (continued)**  
**FORM 2 - Medical Doctor of Patient**

8. List medical tests performed which support the diagnosis of the aforementioned patient's disability. Attach medical record copies of the written diagnoses for each medical test performed which supports the patient's disability diagnosis. (MRI's, Cat Scans, etc.) *If more space is needed, you may use back side of this sheet.*

A. \_\_\_\_\_

B. \_\_\_\_\_

C. \_\_\_\_\_

D. \_\_\_\_\_

E. \_\_\_\_\_

F. \_\_\_\_\_

G. \_\_\_\_\_

NAME OF MEDICAL DOCTOR: \_\_\_\_\_

ADDRESS OF MEDICAL DOCTOR: \_\_\_\_\_

TELEPHONE NUMBER OF MEDICAL DOCTOR: \_\_\_\_\_

ORIGINAL SIGNATURE OF MEDICAL DOCTOR: \_\_\_\_\_

MEDICAL DOCTOR'S OFFICIAL STAMP: PLACE STAMP HERE →

**Note:**

Please remember to attach the requested medical documentation outlined in questions 7 and 8 of this form.

**REASONABLE ACCOMMODATION OF DOG APPLICATION**

**FORM 3 - Veterinary Doctor**

**▶ PART 1**

THIS FORM MAY BE COMPLETED AND SIGNED BY THE VETERINARY DOCTOR.

THE INDIVIDUAL PRESENTING THIS APPLICATION IS A RESIDENT/SHAREHOLDER OF A CO-OP CITY APARTMENT. HE/SHE IS APPLYING FOR APPROVAL TO MAINTAIN A DOG DUE TO A DISABILITY OF THE PRESENTING INDIVIDUAL OR FAMILY MEMBER.

PLEASE DO NOT COMPLETE/SIGN THIS FORM IF THE DOG WHICH THE BELOW-MENTIONED SHAREHOLDER IS SEEKING TO MAINTAIN IS A BREED SUCH AS PIT BULL, DOBERMAN, ROTTWEILER, AKITA, WOLF DOG OR ANY OTHER BREED OF DOG KNOWN TO HAVE VICIOUS TENDANCIES. USE BLUE INK TO COMPLETE THIS FORM.

DATE:

(PRINT CLEARLY)

SHAREHOLDER'S NAME:

(PRINT CLEARLY)

SHAREHOLDER'S ADDRESS:

(PRINT CLEARLY)

STREET ADDRESS/APARTMENT NO./COUNTY/STATE/ZIP CODE

NAME OF SHAREHOLDER'S DOG:

(PRINT CLEARLY)

BREED OF DOG:

(PRINT CLEARLY)

**▶ PART 2**

Has the aforementioned dog been inoculated against rabies?

Check ☒ Yes or No

Yes \_\_\_ No \_\_\_

Has the aforementioned dog been inoculated against distemper?

Yes \_\_\_ No \_\_\_

Has the aforementioned dog been inoculated against parvo virus?

Yes \_\_\_ No \_\_\_

Has the aforementioned dog been neutered/spayed?

Yes \_\_\_ No \_\_\_

Does the aforementioned dog have any known vicious tendencies?

Yes \_\_\_ No \_\_\_

VETERINARY DOCTOR:

- PLEASE ATTACH, TO THIS FORM, DOCUMENTATION WHICH CLEARLY VERIFIES THAT EACH OF THE ABOVE LISTED INNOCULATIONS HAS BEEN ADMINISTERED AND IS CURRENT.
- PROVIDE PROOF THAT THE DOG HAS BEEN NEUTERED/SPAYED.
- PROVIDE COPY OF RABIES ID TAG CERTIFICATE.

**(ALL COPIES MUST BE LEGIBLE, SIGNED AND STAMPED BY THE VETERINARY DOCTOR).**

NAME OF VETERINARY DOCTOR: (PRINT)

ADDRESS OF VETERINARY DOCTOR:

TELEPHONE NUMBER OF VETERINARY DOCTOR:

ORIGINAL SIGNATURE OF VETERINARY DOCTOR:

VETERINARY DOCTOR'S OFFICIAL STAMP: PLACE STAMP HERE →



CO-OP CITY RULES/REGULATIONS FOR  
PERMIT OF "REASONABLE ACCOMMODATION" OF DOG

I. GENERAL RULES

- A. Any cooperator requesting permission to have a dog as an accommodation of a disability must submit an application verifying their disability and any other documentation Riverbay legitimately requires. Applicants shall be screened on a case-by-case basis by Riverbay Corporation's Legal Department and Director of Cooperator and Employee Services.
- B. Cooperators claiming a disability must provide evidence sufficient to prove the existence of a disability under the Fair Housing Act of 1988 definition of "handicapped person", which is a person who:
  1. has a physical or mental impairment which substantially limits one or more of such person's major life activities; or
  2. has a record of having such an impairment; or
  3. is regarded as having such an impairment, but such term does not include current, illegal use of or addiction to a controlled substance (as defined in section 102 of the Controlled Substances Act (21 U.S.C. 802)).
- C. All information received by Riverbay Corporation regarding an individual's handicap including physical, mental, psychological, and/or psychiatric condition(s), shall be kept confidential and will be maintained by the Director of Cooperator and Employee Services and Legal Department.
- D. If the dog which you are currently seeking permission to harbor should expire, you may not purchase or harbor another dog without first submitting another Reasonable Accommodation of Dog Application and again obtaining permission from Riverbay Corporation.

II. REASONABLE ACCOMMODATIONS

If a determination is made that accommodation of a dog is reasonable due to a cooperator's verified disability, the disabled cooperator will be allowed by Riverbay Management to apply for a "dog permit", and keep a dog pursuant to the following rules;

- A) Cooperators must request approval to keep a dog on an application form which can be obtained from the Legal Department prior to the dog's arrival in Co-op City. This form must be fully completed before Riverbay will approve the request. Approval is animal specific and must be renewed annually.