



# Housing Verification Form

4 Paws for Ability is a non profit agency that places Service Dogs with children and veterans with special needs. 4 Paws utilizes volunteers to work with our Service Dogs in Training (SDiT). These volunteers are considered Volunteer Trainers because they have been evaluated and trained to participate in our program. The Service Dogs in training are primarily: Labs, Golden Retrievers, Papillons or mixes of these breeds. Service Dogs in Training are traditionally in the age range of 8 weeks to 2 years old.

It is the responsibility of the Volunteer Trainer to make sure that the SDiT is safely confined in the kennel when not able to be supervised. When out of the kennel the SDiT must be supervised both inside the home and outside. The SDiT must remain on leash at all times when not in a confined area and will be wearing a 4 Paws vest when in public places. The Volunteer Trainer is responsible for cleaning up after the SDiT both inside the home and in the yard. Volunteer Trainers are trained to be respectful to the environment that they live and would be responsible in the event that any damage may occur.

Volunteer Trainer Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Do you own your own home?  Yes  No

What is the name on the deed of the home? \_\_\_\_\_

Do you live with your parent(s) and have their consent?  Yes\*  No

\*if yes, be sure to have the homeowner complete below the dotted line.

Do you have a fence?  Yes  No

If yes, please describe: \_\_\_\_\_

Do you rent?  Yes\*  No

\*if yes, be sure to have your landlord complete below the dotted line.

Do you live in a dorm or campus owned housing?  Yes\*  No

\*if yes, complete up to the dotted line.

If applicable:

I give consent for my school to share information on my student conduct.  Yes  No

Do you have roommate(s) consent?  Yes  No  N/A

*By signing below you are verifying that you are the **owner or landlord** of the above listed residence, and are aware that the SDiT will be residing at this location:*

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Relationship to Volunteer Trainer: \_\_\_\_\_ Email: \_\_\_\_\_

Signature: \_\_\_\_\_