Lakes of Delray
Emotional Support Animal
Application

NAME OF ASSOCIATION_____

UNIT NUMBER_____OWNER'S NAME_____

ANIMAL'S NAME_____BREED_____

MALE_____FEMALE_____COLOR_____

DATE ANIMAL ACQUIRED_____ANIMAL'S TAG #_____

VETERINARIAN_____

DOES THE ANIMAL HAVE ANY SPECIALIZED TRAINING AND/OR CERTIFICATIONS?
YES_____NO_____

I/We the owners of_____(name of animal) do hereby certify and understand that pets are not permitted at Lakes of Delray. We understand and agree that the only reason the above support animal is permitted to remain on the property is due to my/our request for a reasonable accommodation to the "no pet" policy and the Board of Director's determination that_____ suffers from a disability that substantially limits one or more of the applicant's major life activities and the support animal will ameliorate the effects of the disability.

NAME_____DATE_____

SIGNATURE_____

ATTACH:

- COPY OF PHOTOGRAPH OF ANIMAL.
- COPY OF VETERINARIAN'S CERTIFICATION THAT ALL SHOTS/INOCCULATIONS ARE UP TO DATE.
- COPIES OF THE ANIMAL'S TRAINING CERTIFICATES AND/OR CERTIFICATIONS.
- A LETTER FROM A TREATING PHYSICIAN OR OTHER QUALIFIED PROFESSIONAL DESIGNATING YOUR ELEGIBILITY FOR THE ACCOMODATION.

REQUEST FOR REASONABLE ACCOMODATION

Name of Person Requesting a Reasonable Accommodation:
_____
Address: _____Unit # _____
Daytime Phone #: _____ Evening Phone #: _____
Name of Association: _____

1. I am a person with a disability/handicap as defined by one or more of the following: *A physical or mental impairment that substantially limits one or more major life activities; or a record of having such an impairment; or is regarded as having such an impairment.*
**If I am not the person with a disability/handicap, the following member of my household has a disability as defined above:

Name: _____

Relationship to you (e.g.child,parent): _____

2. As a result of this disability/handicap, I am requesting the following reasonable accommodation for my household: an exception to the Association's express, written and strictly enforced "no pet' policy (reasonable accommodation) to allow the following animal to reside in my unit:

_____

3. This request for a reasonable accommodation is necessary so that I (or requesting party) have an equal opportunity to use and enjoy the unit which I (or the requesting party) currently lack because: _____
_____
_____

I understand that the information obtained by the Association will be kept completely confidential as required by Florida Statute section 718.111(12)(c) and used solely to evaluate my request for a reasonable accommodation.

Please return this form, along with the written statement from the treating physician or other qualified professional, Acknowledgement of Policy and Procedure for Disabled Owner or Resident to Request Reasonable Accommodation and Pet Registration forms as promptly as possible so that the Association can evaluate your request.

Signed:
_____
Requesting party
**If on behalf of a minor child, please indicate whether you are the parent or guardian.

Policy and Procedure for Disabled/Handicapped Owner or Resident to Request Reasonable Accommodation

Background: Under the Federal and State Fair Housing Acts, an owner or resident who is disabled/handicapped may request reasonable accommodation(s) in the Association's rules, policies, practices or services when such accommodation(s) may be necessary because of his/her disability/handicap. For more information on the rules pertaining to requests for reasonable accommodation, please review the *Joint Statement of the Dept. of Housing and Urban Development and the Department of Justice on Reasonable Accommodations under the Fair Housing Act* at www.usdoj.gov/crt/housing/jointstatement_ra.htm.

Objective: To establish policies and procedures for meeting the requirements of applicable state and federal law relating to disabled or handicapped individuals.

Policy: The policy of the board of directors is to make every attempt to provide reasonable accommodations to disabled or handicapped residents in accordance with applicable state and federal law.

PROCEDURE

Submittal of Request: A disabled/handicapped owner or resident should complete the Association's Request for Reasonable Accommodation and provide completed copies of a written statement from the treating physician or other qualified professional, Acknowledgement of Policy and Procedure for Disabled/Handicapped Owner or Resident to Request Reasonable Accommodation and Pet Registration forms. The completed forms should be delivered or mailed to the Association's management office. The Association will consider all requests for a reasonable accommodation no matter how the request is made, however, use of the supplied forms will expedite the process.

Procedure for Reviewing a Request for Reasonable Accommodation: Upon receipt of the requested forms (or information supplied) for a disabled/handicapped owner or resident's request for a reasonable accommodation(s) in the Association's rules, policies, practices, or services, the request forms will be reviewed by the Board of Directors within 30 days of receipt in the Association,s management office, and the owner or resident will be notified in writing of the Board's decision. If additional information is required by the Board, the review may take longer, and the submitting owner or resident will be so advised in writing. Additionally, it may be necessary for the Association's legal counsel to review the documentation submitted in support of a request for a reasonable accommodation which in turn, may prevent the Board from providing owner with a decision within 30 days. If the matter is ;referred to the Association's legal counsel, owner will be notified in writing.

If the request is approved, any condition of approval will be provided in writing. If disapproved, the reason for disapproval will be provided in writing.

Guidelines as to when medical documentation is required and what type of medical documentation is required.

The Association is entitled to obtain information that may be necessary to evaluate whether a requested accommodation is necessary because of the owner's or resident's disability/handicap. If a person's disability/handicap is obvious and if the request for accommodation also is apparent, then the Association will not request any additional information about the requester's disability/handicap or the related need for the requested accommodation.

Written Statement of Treating Physician or Other Health or Social Service Professional

If the disability is not open and obvious or if the person making the request does not receive disability social security benefits or the equivalent, the requesting party must provide a prescription or letter from a health or social service professional (a health or social service professional means "a person who provides medical" care, therapy or counseling to persons with disabilities, including, but not limited to, doctors, physician assistants, psychiatrists, psychologists, or social workers") which addresses all of the following information:

1. Provide the professional's licensing information.
2. The Federal Fair Housing Act defines a handicapped person as one who has a physical or mental impairment which substantially limits one or more of such person's major life activities. The physician or qualified professional must indicate whether the patient is disabled in light of this definition and why.
3. Describe what major life activities of the Patient are being substantially limited by the physical or mental impairment. Major life activities means functions such as caring for oneself, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working.
4. The physician or qualified professional should indicate whether the handicap is temporary or permanent.
5. In the case of an emotional support animal, state that the animal alleviates one or more identified symptoms or effects of the person's existing disability.

If the professional's supporting prescription or letter does not address all of the items above, the Association may request additional information regarding the nature of the impairment, how the accommodation or modification is necessary to overcome the impairment and whether there are other corrective measures that would serve the same or functionally equivalent purpose as the requested accommodation or modification.

To the extent a disability/handicap is not permanent the Association may request additional updated medical information as it deems necessary to determine if there is a continued need for the requested accommodation.

The Association may request advice from legal counsel concerning any owner's request for a reasonable accommodation. Owner consents to the disclosure of all documentation in support of the request to the Association's legal counsel.

Additional Information

An individual's need for an accommodation may change over time as a result of changes in the individual's own level of disability/handicap or impairment, treatments available to mitigate a disability/handicap and/or other circumstances affecting the individual. What qualifies as reasonable in one set of circumstances may not be reasonable or necessary in another. If and when circumstances change, it is your responsibility to notify the Association if you need, or no longer need, a reasonable accommodation.

Maintaining an Emotional Support/Service Animal

Should a request for a reasonable accommodation to the no pet policy be granted, the Association reserves the right, pursuant to Florida law, to withdraw this approval at any time should the emotional support/service animal become a nuisance to others, which includes, but is not limited to: barking; biting; aggressive behavior; attacking; owner's failure to properly dispose of excrement or waste; walking the dog in prohibited areas; failure to comply with all state and local ordinances and statutes; not maintaining the animal on a leash at all times when outside of the unit; insect/extermination problems; sanitation/odor problems. Additionally, the approval of the animal may be withdrawn if the requesting party is no longer disabled/handicapped. Further, the applicant/owner is required to provide updated medical information concerning his/her disability/handicap (if the disability/handicap is not permanent); current and annual vaccination, immunization and veterinarian records for the animal; all certifications or trainings the animal possesses and to maintain an identification tag on the animal. Failure to comply with any of these requirements is grounds to withdraw the approval of the animal. Owner is solely responsible for any and all damage caused by the animal, whether to person or property. Like all other members of the Association, you are required to provide the Association with proof of a currently effective policy of hazard and liability insurance on an annual basis pursuant to Florida Statute section 718.lll(ll)(g)(2).

The emotional support/service animal is required to be walked in certain designated areas which may differ depending on the location of the unit and the owner's disability/handicap. If the request is granted, the Association will provide you with the designated area for walking the animal.

All information received by the Association in conjunction with a disabled/handicapped owner's or resident's request for reasonable accommodation will be kept confidential in compliance with Florida Statute section 718.111(12)(c). If any other resident or owner inquires as to why a special accommodation appears to have been made, the Association representative's response will be: "a Federal Fair Housing Act reasonable accommodation has been granted." No additional information will be provided regarding the nature of the disability/handicap.

I have received and read a copy of the policy and procedure for Disabled/Handicapped Owner or resident to request Reasonable Accommodation and I agree to abide by the regulations. I bear full responsibility for the service/support animal and I agree to indemnify and hold harmless the Board of Directors, Association, management company, Owners and Occupants of the unit against any loss, claim or liability of any kind or character whatsoever arising from owning or keeping a service/support animal in the unit.

_____ _____

Requesting Party's Signature Date

_____

Printed Name of Requesting Party

Association Approval

_____ _____

Authorized Signature Date

_____

Printed Name of Authorized Party

LOD Instructions for Service and Emotional Support Animals

1. The Emotional Support Animal Application should be used by any building association considering a request by a resident for a service animal.

2. Building associations must approve the Emotional Support Animal Application before a resident obtains an animal.

3. The Association may contact doctors directly, who are certifying that a resident needs a service animal, to verify and request further explanation.

4. Owners with Emotional Support Animals will be required to carry the LOD ID for their animal and to present it upon request of security or staff to verify registration.

5. All animals must be leashed (per Palm Beach County Ordinance).

6. Owners must pick up after their animals (per Palm Beach County Ordinance).

7. Building Associations are responsible for designating areas for walking and for animals "doing their business" within the Building Association area.