SERVICE/SUPPORT ANIMAL DOCUMENTATION CHECKLIST

DATE: _____ UNIT #: _____

APPLICANT NAME: _____

1. ☐ Signed Policy and Procedure for Disabled/Handicap Owner/Resident

2. ☐ Service/Emotional Support Animal Registration Form

3. ☐ Photo of Service/Emotional Support Animal

4. ☐ Veterinarian's Certification, including shot records

5. ☐ Request for Reasonable Accommodation

6. ☐ Affidavit of Treating Physician

Additional comments: _____

_____

_____

_____

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.

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 of _____ (Association Name). 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: (a) Request for Reasonable Accommodation; and provide completed copies of the (b) Affidavit of Treating Physician; (c) Policy and Procedure for Disabled/Handicapped Owner or Resident to Request Reasonable Accommodation; and (d) Service Animal Registration forms. The completed forms should be delivered or mailed to the Association's management office or to the Board of Directors. 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, 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.

If the requester's disability/handicap is not obvious, after reviewing the submitted request form, the Association may request reliable information that is necessary to verify that the requester has a physical or mental impairment that substantially limits one or more major life activities (which is the definition of a "handicap" under the Fair Housing Acts). If information on the requester's disability/handicap is requested by the Association, he/she may provide information verifying that he/she meets the foregoing definition of "handicap," for example, by submitting proof that he/she is under 65 years of age and receiving Supplemental Security Income, Social Security Disability Insurance benefits, or private disability insurance benefits.

In addition, a physician with expertise in the area of the owner's proposed disability/handicap may provide verification of the disability/handicap through the use of the Association's Affidavit of Treating Physician. The Association will supply the Affidavit of Treating Physician upon receipt of any request for a reasonable accommodation. If the requester's disability/handicap is obvious, but the need for the accommodation is not apparent, the Association may request information that is necessary to evaluate the disability/handicap-related need for the requested accommodation. In this case, the Association will request reliable disability/handicap-related information that is necessary to evaluate the disability/handicap-related need for the accommodation which may include medical records evidencing dates of diagnosis and treatment for the disability/handicap.

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 owners' 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 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 carrying or 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; if applicable, 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.

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 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

SERVICE ANIMAL REGISTRATION

NAME OF ASSOCIATION: _____

OWNER'S NAME: _____ UNIT NUMBER _____

SERVICE ANIMAL NAME_____ BREED _____

(CIRCLE ONE): SERVICE ANIMAL EMOTIONAL SUPPORT ANIMAL

_____ MALE _____ FEMALE AGE _____ WEIGHT_____COLOR _____

DATE ANIMAL ACQUIRED_____

SERVICE 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 there are strict limitations on pets at _____(Association Name). I/We understand and agree that the only reason the above service/support animal is permitted to remain on property in violation of these limitations is due to _____(applicant's name) request for a reasonable accommodation to the "no pet" policy and the Board of Director's determination that _____(applicant's name) suffers from a disability/handicap that substantially limits one or more of the applicant's major life activities and the service/support animal will ameliorate the effects of the disability/handicap.

_____ _____

NAME DATE

SWORN TO AND SUBSCRIBED BEFORE ME this _____ day of _____, 20___, by _____,

who is personally known to me or who has produced_____ as identification.

Signature of Notary: _____

Type/Print Name of Notary: _____

Commission Number: _____Commission Expires: _____

ATTACH:

-Copy of photograph of the service animal

-Copy of veterinarian's certification that all shots/inoculations are up to date. If applicable, copies of the service animal's training certificates and/or certifications

REQUEST FOR REASONABLE ACCOMMODATION

Name of Person Requesting a Reasonable Acommodation:

_____

Address: _____

Unit: _____

Daytime Phone #: _____ Evening Phone #: _____

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 pet policy (reasonable accommodation) to allow the following service animal to reside in my unit:
   _____
   _____

3. This request for a reasonable accommodation is necessary so that I (or the 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 <u>this</u> form, along with the Affidavit of Treating Physician, the signed Policy and Procedure for Disabled Owner or Resident to Request Reasonable Accommodation, and the Service Animal 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.

AFFIDAVIT OF TREATING PHYSICIAN/MEDICAL PROVIDER

BEFORE ME, the undersigned authority, personally appeared _____, who being duly sworn, deposes and says:

1. My name is_____.

2. I am licensed by the State of Florida with full privileges to practice medicine within the State of Florida.

3. My practice specialty is _____.

4. I have been practicing in this field for _____ years.

5. My office is located at _____.

6. I am the treating physician for _____ (hereinafter "Patient").

7. I have been Patient's treating physician for_____ (years/months) (circle one).

8. I first treated Patient on _____.

9. I last treated Patient on _____.

10. On or about _____, I diagnosed Patient within a reasonable degree of medical certainty as suffering from the following medical/mental condition(s):
_____
_____

11. Within a reasonable degree of medical certainty, I estimate that Patient's medical/mental condition(s) began on or about: _____ and will continue until _____.

12. I assigned Patient's medical/mental condition(s) the following diagnostic code(s): _____

13. Within a reasonable degree of medical certainty, Patient's mental condition(s) substantially limits the following of Patient's major life activities: (list all major life activities that are substantially limited by the disability/handicap)._____
_____
_____

14. Patient's major life activities listed above are substantially limited by Patient's medical/mental condition(s) and Patient is **disabled/handicapped**.

15. I have prescribed the following course of treatment to Patient concerning the medical/mental condition(s): _____

_____

16. The (emotional support animal/service animal/reasonable accommodation) will assist Patient in_____.

17. The (emotional support animal/service animal/reasonable accommodation) is **necessary** to afford Patient's equal opportunity to use and enjoy a dwelling? Yes ___ No ____

18. Patient's prescribed course of treatment for the medical/mental condition was intended to be beneficial to Patient because it is intended to allow Patient to function with his/her medical/mental condition.

19. This affidavit is made to induce _____ (Association Name). to make substantial and material alterations or accommodations to the Associations' use restrictions based upon a medical, mental and/or physiological disorder substantially limiting one or more life activities which does not include current, illegal use or addiction to a controlled substance.

20. Please include any additional comments concerning Patient you believe are relevant and/or necessary for the Board of Directors and/or its legal counsel to determine that Patient is disabled/handicapped as a matter of law and requires an emotional support/service animal to afford Patient an equal opportunity to use and enjoy his/her dwelling. _____
_____
_____
_____

FURTHER AFFIANT SAYETH NAUGHT._____
_____M.D.

STATE OF _____)
): SS
COUNTY OF _____)

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State and County aforesaid to take acknowledgments, personally appeared _____, who is personally known to me, or who is not personally known to me, but to whom an oath was administered, and who produced _____No._____, as identification, and executed the foregoing instrument.

WITNESS my hand and official seal in the County and State last aforesaid this day of _____, 20_____.

_____

Notary Public, State of _____

My commission expires:
Commission No.:

_____
Printed Name of Notary