

## **Policy and Procedure for Disabled/Handicapped Owner or Requester to Request Reasonable Accommodation - Animals**

**Background:** Under the Federal and State Fair Housing Acts, an owner or other requester 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](http://www.usdoj.gov/crt/housing/jointstatement_ra.htm).

**Objective:** To establish policies and procedures for meeting the requirements of applicable state, federal and local law relating to disabled or handicapped individuals with respect to animals.

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

### **PROCEDURE RELATING TO ANIMALS**

**Submittal of Request:** A disabled/handicapped owner or requester should complete the Association's form entitled Request for Reasonable Accommodation and provide documentation from a treating medical provider. If the accommodation is granted, the owner or requester must complete the Animal Registration form. The completed forms should be delivered or mailed to the Association. 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 form (or information supplied) for a disabled/handicapped owner or requester's request for a reasonable accommodation(s) from the pet restriction(s) as may be set forth in the governing documents of the Association, the request forms will be reviewed by the Board of Directors, and the owner or requester will be notified in writing of the Board's decision. If additional information is required by the Board, the submitting owner or requester 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. If the matter is referred to the Association's legal counsel, the owner or requester will be notified in writing. The Association endeavors to complete its review and provide a response within thirty (30) days of receipt of the Request and any required supporting documentation.

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 its legal counsel concerning any requests for a reasonable accommodation. **The requester 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 and to update any information concerning the disability/handicap.

### **Maintaining an Assistive/Emotional Support Animal**

Should a request for a reasonable accommodation to any aspect of the Association's pet policy be granted, the Association reserves the right, pursuant to Florida law, to pursue as violations of the governing documents of the Association should the assistive/emotional support animal become a nuisance to others which constitute a violation of the governing documents of the Association, which includes, but is not limited to: barking; biting; aggressive behavior; attacking; owner's failure to properly dispose of excrement or waste; 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. Additionally, the approval of the animal may be withdrawn if the requesting party is no longer disabled/handicapped.

All information received by the Association in conjunction with a disabled/handicapped owner's or requester's request for reasonable accommodation will be kept confidential in compliance with Florida Statute §719.104(2)(c)(4). 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 fair housing reasonable accommodation has been granted." No information will be provided regarding the nature of the disability/handicap.

**ACKNOWLEDGEMENT**

I have received and read a copy of the Policy and Procedure for Disabled/Handicapped Owner or Resident to Request Reasonable Accommodation — Animals and I agree to abide by the terms as set forth therein.

**Signed:**

**Date:**

\_\_\_\_\_

Requesting Party

\_\_\_\_\_

**REQUEST FOR REASONABLE ACCOMMODATION**

Name of Person Requesting a Reasonable Accommodation: \_\_\_\_\_

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 or a visitor has a disability as defined above:

Name: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

2. As a result of this disability/handicap, I am requesting an exception to the Association's express, written and strictly Pet Policy set forth in the governing documents to allow an assistive/emotional support animal to reside in or visit my unit as a reasonable accommodation.

3. This request for a reasonable accommodation is such that the animal in question alleviates or ameliorates the effects of the disability.

Circle or indicate only one of the following (a), (b) or (c) that applies:

- (a) The disability is physical in nature which is open and obvious, and it is clear which major life activities are impaired and how the animal will alleviate or ameliorate the effects of the disability. The Board may wish to meet with you if this line is checked.
- (b) The disability is physical in nature but either the disability is not open and obvious, or it is not clear which major life activities are impaired or how the animal will alleviate or ameliorate the effects of the disability.
- (c) The disability is mental or emotional in nature.

If (b) or (c) above is checked, a letter from a treating medical provider must be submitted describing the major life activities impaired and how the animal alleviates or ameliorates the effects of the disability. If (a) above is checked, once the Board meets with you, the Board if appropriate may request such letter from a medical provider.

I understand that the information obtained by the Association will be kept completely confidential as required by Florida Statute §719.104(2)(c)(4) and used solely to evaluate my request for a reasonable accommodation.

Please return this form, along with the Acknowledgment of Policy and Procedure for Disabled Owner or Requester to Request Reasonable Accommodation — Animals and any documentation if required above from a medical provider as promptly as possible so that the Association can evaluate your request.

**Signed:**

**Date:**

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Requesting Party

## ANIMAL REGISTRATION

OWNER'S NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_

ANIMAL'S NAME \_\_\_\_\_ BREED \_\_\_\_\_

MALE \_\_\_\_\_ FEMALE \_\_\_\_\_ COLOR \_\_\_\_\_ WEIGHT \_\_\_\_\_

DATE ANIMAL ACQUIRED \_\_\_\_\_ ANIMAL'S TAG NUMBER \_\_\_\_\_

VETERINARIAN \_\_\_\_\_

IN CASE OF EMERGENCT CONTACT \_\_\_\_\_

\_\_\_\_\_  
OWNER'S SIGNATURE

\_\_\_\_\_  
DATE

ATTACH:

PHOTOGRAPH OF ANIMAL

COPY OF VETERINARIAN'S CERTIFICATION THAT ALL  
SHOTS/INOCULATIONS ARE UP TO DATE