

Sea Breeze South Condominium Association, Inc.

190 No. Collier Blvd.

Marco Island, FL 34145

DISABILITY VERIFICATION/REQUEST FOR ASSISTANCE ANIMAL

Name of Applicant: _____

Residence Address: _____

Date: _____

Applicant requests Sea Breeze South Condominium Association, Inc. allow an assistance animal described as follows:

I am aware that the Americans with Disabilities Act and Section 504 of the Rehabilitation Act define disability as:

1. A physical or mental impairment which substantially limits one or more of the person's major life activities, and/or,
2. A record of having a physical or mental impairment which substantially limits one or more of a person's major life activities, and/or,
3. Being regarded as having a physical or mental impairment which substantially limits one or more of the person's major life activities.

Major life activities includes, but is not limited to: caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and/or working.

APPLICANT HAS A DISABILITY THAT IS (CHECK ONE):

_____ A. Readily Apparent

_____ B. Not Readily Apparent

If B. is checked, please describe the disability below.

Please describe manner in which the disability limits or impairs of one or more major life activities of Applicant.

Please describe how the assistance animal improves Applicant's ability to accomplish the major life activity or activities which are limited by the disability.

Under penalties of perjury, I affirm that the foregoing is true and correct.

Signature

Date: _____

Printed Name

Phone Number

EMOTIONAL SUPPORT/SERVICE ANIMAL REGISTRATION

NAME OF ASSOCIATION: Sea Breeze South Condominium Association, Inc.

UNIT NUMBER _____ OWNER'S NAME _____

ANIMAL'S NAME _____ BREED _____

☐ MALE ☐ FEMALE COLOR _____ WEIGHT _____

DATE ANIMAL ACQUIRED _____ ANIMAL'S TAG NUMBER _____

VETERINARIAN _____

I/We the owners/tenants of _____ (name of animal) do hereby certify and understand that pets are not permitted at Sea Breeze South Condominium Association, Inc. I/We understand and agree that the only reason the above emotional support animal is permitted to remain on the property is due to _____'s request for a reasonable accommodation to the "no pet" policy and the Board of Director's determination that _____ suffers from a disability/handicap that substantially limits one or more of the applicant's major life activities and the emotional support/service 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.

Type/Print Name of Notary _____
Commission Number: _____
Commission Expires: _____
Commissioned in (State) _____

ATTACH:
COPY OF PHOTOGRAPH OF PET
COPY OF VETERINARIAN'S CERTIFICATION THAT ALL
SHOTS/INOCULATIONS ARE UP TO DATE

Policy and Procedure for Disabled/Handicapped Owner or Resident to Request Reasonable Accommodation; Emotional Support/Service Animals

Background: Under the Federal and State Fair Housing Acts, an owner or resident who is disabled/handicapped may request reasonable accommodations(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* can be obtained 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 as they pertain to Emotional Support Animals.

Policy: The policy of the Board of Directors of Sea Breeze South Condominium Association, Inc. is to make every reasonable attempt to provide reasonable accommodations for disabled/handicapped residents in accordance with applicable state and federal law.

PROCEDURE

Submittal of Request: A disabled/handicapped owner, resident or any other entitled person should notify the Association of the request for a reasonable accommodation to allow an emotional support animal and provide documentation supporting the request in compliance with the Florida and Federal Fair Housing Acts. Additionally, the requesting party should provide the signed acknowledgement on page four (4) of this document. The completed form and documentation should be delivered or mailed to the Association's Management Office at Volhr Corporation, 979 North Collier Blvd., Marco Island, FL 34145.

Procedure for Reviewing a Request for Reasonable Accommodation: Upon receipt of the requested forms for a disabled/handicapped owner, resident or other entitled person's request for a reasonable accommodation(s) to the Association's pet restriction, the request forms will be reviewed by the Board of Directors within 15 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, resident or guest 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, resident and/or guest with a decision within 15 days. If the matter is referred to the Association's legal counsel, owner, resident and/or other entitled person will be notified in writing.

If the request is approved, any condition(s) 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, resident and/or guest'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". In addition, the requester's licensed treating physician with expertise in the area of the owner's proposed disability/handicap must provide verification of the disability/handicap, and the need for the emotional support animal. If the requester's disability/handicap is not obvious, and the need for the accommodation is not apparent, the Association may request information that is necessary to evaluate the disability/handicap-related need/nexus 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.

The treating physician must state –

1. whether the disability/handicap is temporary or permanent. 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.
2. the nature of the impairment (ie – the major life function that is deemed impaired).
3. how the animal is necessary to overcome the impairment
4. whether or not there are any other corrective measures that would serve the same or functionally equivalent purpose.

The Association may request advice from legal counsel concerning an owner's request for a reasonable accommodation. Owner, resident and/or guest consent 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 the requestor's responsibility to notify the Association's Board of Directors if you need, or no longer need, a reasonable accommodation.

In addition a copy of the condominium owner's insurance policy must be submitted with the "Request for Accommodation" form.

Maintaining an Emotional Support Animal

The Association reserves the right, pursuant to Florida law, to withdraw this approval at any time should the emotional support 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 will 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; and certifications or trainings the animal possesses (if any); 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 person or property.

Often times, there are competing requests for reasonable accommodations that must be balanced. For example, there may be individuals residing in the unit with severe animal allergies and/or phobias. To accommodate a disabled person's request to maintain an emotional support animal and to accommodate those with animal allergies and/or phobias, animals must be taken in and out of the building using a particular elevator, set of stairs and/or service entrance, as designated by the Board. Animal owners are requested to carry the animal or to use another device, such as a stroller, to prevent the animal from spreading dander throughout the common areas. It is requested that emotional support animals not be brought on the common elements, such as the pool area, dock, social room and other common areas, other than for walking the animal. This is only for the emotional support animal.

All information received by the Association in conjunction with a disabled/handicapped owner's, resident's and/or guest's request for reasonable accommodation will be kept confidential in compliance with Florida Statute section 718.111(12)(c)(1). 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 reasonable accommodation has been granted as a matter of Florida and Federal law" or words of similar import. No additional 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 a Reasonable Accommodation and I agree to abide by the regulations. I bear full responsibility for the emotional support animal and I agree to indemnify and hold harmless the Board of Directors, Association, management, owners and occupants of other units, against any loss, claim or liability of any kind or character whatsoever arising from owning or keeping an emotional support animal in the unit.

Requesting Party's Signature

Date

Printed Name of Requesting Party

Unit Number

FORM TO REQUEST AN ASSISTANCE ANIMAL

The Federal Fair Housing Act and other state and local fair housing laws require that housing owners and managers provide reasonable accommodations for applicants and resident who have disabilities. Sea Breeze South Association ("the Association") is committed to granting reasonable accommodations when necessary to afford person with disabilities the equal opportunity to use and enjoy a dwelling at Sea Breeze South Condominium.

Under fair housing laws, a person with a disability is defined as a person who has a physical or mental impairment that substantially limits one or more major life activities, a person who is regarded as having such an impairment, or a person with a record of such an impairment. Reasonable accommodation may include waiving or varying Association rules or policies to allow a resident to keep an "assistance animal". An assistance animal is an animal that does work or performs tasks for the benefit of a person with a disability, or provides emotional support or other assistance that alleviates one or more symptoms or effects of a person's disability ("Assistance Animal").

If you or someone associated with you has a disability and you believe that there is a need for an Assistance Animal as a reasonable accommodation for the person with the disability to use and enjoy a dwelling unit at Sea Breeze South, please complete this form and return it to the management office. Please check all items that apply and answer all questions. The Association will answer this request in writing within 14 days. All information provided to the Association in connection with this request will be kept confidential, except as otherwise required by the law. If you require assistance in completing this form, please call the management office at 239-389-3600 for assistance or to make an oral request for a reasonable accommodation.

1. Do you require assistance filling out this form?

Yes ☐ No ☐

If your answer is "Yes," and you do not have someone who can assist you, please ask Volhr Corporation at 239-389-3600 to assist you in filling out this form.

If your answer is "No," continue on to Question No. 2.

2. Today's Date: _____

3. The person who has a disability requiring a reasonable accommodation is (please check one);

____ Me. If you answered "Me," continue to Question 4.

____ **A person making a reasonable accommodation request on behalf of or assisting the person with a disability** who needs an Assistance Animal. After filling out the following, continue to Question 4 and fill out the information regarding the person for whom you are requesting a reasonable accommodation:

Name of person filling out the form _____

Address: _____

Telephone number: _____

Relationship to person needing Assistance Animal: _____

4. Name of person with a disability for whom a reasonable accommodation is being requested:

Phone number: _____

Address: _____

5. Are you a person with a disability requesting an accommodation of an Assistance Animal so that you can have an equal opportunity to use and enjoy a dwelling at

ASSOCIATION NAME _____

Yes ☐ No ☐

6. Designate the species of animal for which you are making a reasonable accommodation request e.g., "dog," "cat,":

7. Provide the name and physical description (size, color, weight, any tag and/or license) of the animal for which you are making a reasonable accommodation request:

8. Does this animal for which you are making a reasonable accommodation request perform work or do tasks for you because of your disability?

Yes ☐ No ☐

If the answer is yes:

(a) provide a statement from a health or social service professional indicating that you have a disability (i.e. you have a physical or mental impairment that substantially limits one or more major life activities); and

(b) explain below how the animal has been trained to do work or perform tasks that alleviate one or more symptoms or effects of your disability or, if the animal lacks individual training, how the animal is able to do work or perform tasks that would alleviate one or more symptoms or effects of your disability:

You may provide any additional information or documentation of the training or work you describe above and attach it to this application.

9. If the animal for which you are making a reasonable accommodation request does not perform work or do tasks for you because of your disability, but provides emotional support or alleviates one or more symptoms or effects of your disability, please submit a statement from a health or social service professional stating that (a) you have a disability (i.e. you have a physical or mental impairment that substantially limits one or more major life activities); and (b) the animal would provide emotional support or other assistance that would alleviate one or more symptoms or effects of your disability and how the animal alleviates the symptoms or effects of your disability and how the animal alleviates the symptoms or effects. Please attach such a statement to this application.

Signature of person making request

Date

Signature of person with disability

Date

TO BE COMPLETED BY MANAGEMENT

Form accepted by: _____

Date _____

Signature

SEA BREEZE SOUTH CONDOMINIUM ASSOCIATION, INC.
RULES FOR ANIMALS

The following rules shall apply to all animals at Sea Breeze South Condominium:

1. All licensing requirements of all governmental agencies must be complied with. The owner of the animal shall provide Sea Breeze South Condominium Association with copies of vaccination/immunization reports on an annual basis, as well as any other veterinarian reports reasonably required relative to the animal.
2. Any animal requiring to be taken out doors to relieve itself shall be walked in the following designated areas on Association property:

3. All animals on common elements shall be appropriately leashed and kept under the handler's control at all times.
4. No excessive barking or other noise created by the animal is permitted.
5. All animals on the common elements shall have the required licenses/tags on their collars.
6. Handlers shall remove all excrement from animals.
7. No animal shall be kept in such a manner that creates a sanitation problem or an odor rising to the level of nuisance.

Acknowledgement

I have received and read a copy of the foregoing Rules and Regulations related to animals, fully and completely understand them and what they require, and further agree to abide by them. I hereby agree to indemnify and hold harmless the Sea Breeze South Condominium Association, Inc., its Officers, members of its Board of Directors, management, owners, residents, guests, business invitees and any other person and/or entity against any loss, claim or liability of any kind or character whatsoever arising from owning or keeping a service/support animal in the unit and on Condominium property.

Date

Signature

Unit Number