

SERVICE ANIMAL / EMOTIONAL SUPPORT ANIMAL APPLICATION

This form may be utilized to request that Ventnor "H" Condominium Association, Inc. provide a reasonable accommodation to you, a member of your household, or a guest who has a disability/handicap. For the purposes of this form, please refer to the attached "Reasonable Accommodation Policy" to determine whether you, a member of your household, or a guest may be a "qualified individual with a disability/handicap." Once completed, you may return this form to the Association's Board of Directors.

Date of Request

Email Address

Name of Applicant/Resident/Participant

Telephone Number

Address

City/State/Zip Code

1. I am applying for the following Reasonable Accommodation (check one below):

- Service Animal Reasonable Accommodation
- Emotional Support Animal Reasonable Accommodation

2. I am a person (or am representing 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 impairment; or is regarded as having such impairment.***

3. As a result of this disability/handicap, I am requesting the following reasonable accommodation(s) on behalf of: _____; 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:

Ventnor "H" Condominium Association, Inc.
2101 Centrepark W Drive, Ste. 110, West Palm Beach, FL 33409

4. My reason(s) for requesting this reasonable accommodation:

5. As applicable, I have provided verification of the disability/handicap from a physician, licensed health care professional, or a professional representing a social service agency, disability agency, or clinic.

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

SERVICE ANIMAL/EMOTIONAL SUPPORT ANIMAL APPROVAL PROCESS

Applicant must complete the following:

- ___ 1. Fill out in its entirety the first 2 pages of this application "Service Animal / Emotional Support Animal Application" (pg 1-2).
- ___ 2. Sign, print and date the page titled "Policies and Procedures for Maintaining an Service Animal / Emotional Support Animal" (pg 4).
- ___ 3. Fill in the blanks along with signature on "Service Animal / Emotional Support Animal Registration" (pg 6-7).
- ___ 4. Provide the "Affidavit of Qualifying Health Professional" completed by a Qualifying Health Professional along with signature (pg 8-9) OR provide another form of legally acceptable verification of the disability/handicap.
- ___ 5. Provide a color copy photograph of the animal.
- ___ 6. Provide a copy of the Veterinarian's certification that all shots /inoculations are up to date.
- ___ 7. Provide copy of the animal's training certificates and/or certifications (*if applicable*).
- ___ 8. Return Completed Applications to the Association's Board of Directors whose information is located at the top of each page. The Board of Directors will have a meeting to decide on the final approval/denial. Upon receipt of the Certificate of Approval/Denial, the Board of Directors will issue an approval/denial letter to Applicant.

Annual follow-up that may be required by the Board of Directors:

- Annual Service Animal/Emotional Support Animal Certifications (*if applicable*)
- Vaccination record updates
- Review of ongoing needs (*Emotional Support Animal Only*)
- Review of any complaints regarding Service Animals/Emotional Support Animal

POLICIES AND PROCEDURES FOR MAINTAINING A SERVICE ANIMAL / EMOTIONAL SUPPORT ANIMAL

Should a request for a reasonable accommodation be granted, the Association reserves the right, pursuant to Florida Law, to withdraw this approval at any time should the service animal or 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 (applies only to ESAs), failure to comply with all state and local ordinance and statutes, not maintaining the animal on a leash at all times when outside of the unit, insect/extermination issues and/or sanitation/odor problems.

Additionally, the approval of the animal may be withdrawn if the requesting party is no longer disabled. Further, the applicant/owner is required to provide updated medical information concerning his/her disability (if such disability is not permanent), current and annual vaccination records, immunization and Veterinarian records for the animal, all certifications or trainings the animal possesses, and to maintain an identification tag on the animal **on an annual basis**, or as required by the Board of Directors.

Failure to comply with any of these requirements shall be grounds to withdraw the approval of the animal. Owner is solely responsible for any and all damages caused by the animal, whether to person or property.

All information received by the Association in conjunction with a disabled Owner's or Resident's request for reasonable accommodation will be kept confidential in compliance with Florida Statute Section 718.111(12) (c).

I have received and read a copy of this Policy and Procedures for Maintaining a Service Animal / Emotional Support Animal and a copy of the Rules and Regulations regarding Service Animals / Emotional Support Animals, and I agree to abide by the regulations. I bear full responsibility for the service animal / emotional support animal. I agree to indemnify and hold harmless the Board of Directors, Association, Owners, and Occupants of the Unit against any loss, claim, or liability of any kind or character whatsoever arising from owning or maintaining a service animal / emotional support animal in the Unit, Limited Common Elements, or Common Elements.

Requesting Party's Signature

Date

Printed Name of Requesting Party

REASONABLE ACCOMMODATION POLICY

You have indicated that you, or a member of your household, need a reasonable accommodation because of a disability/handicap in connection with a Condominium Unit located at Ventnor "H" Condominium Association, Inc. This Condominium Association requires that no animals be allowed into the community unless approved by the Association, and that anyone needing a service animal or emotional support animal must complete an application process. Many Owners purchased a residence in this Condominium due to the strict policies regarding animals because of their allergies or other health issues related to animals. Therefore, in order to protect the health and safety of all residents at Ventnor "H" Condominium Association, Inc., it is the responsibility of the Association to obtain information in order to evaluate whether a requested accommodation to the current policy is necessary.

If an individual's disability/handicap is obvious and if the request for accommodation is also apparent, the Association will not request any additional information about the requester's disability/handicap or the related need for the requested accommodation.

If an individual'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. Please take this policy and the attached *Authorization for Release of Information* to your health care provider or other appropriate individual, clinic or agency so that a professional with expertise in the area of the proposed disability may provide verification of the disability through the use of the Association's forms.

To the extent a disability/handicap is not permanent, the Association may annually request additional or updated medical information as it deems necessary, to determine if there is a continued need for the requested accommodation. The Association may also request updated vaccination records and certificates as applicable.

Additionally, since 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, and/or other circumstances affecting the individual, it is your responsibility to notify the Association if you need, or no longer need, a reasonable accommodation. Please note that owners are not permitted to have more than one support animal, unless the distinction of separate needs for each animal has been established. A separate form is required for each animal.

The Association may request advice from legal counsel concerning any Owner's request for a reasonable accommodation. Owner hereby consents to the disclosure of all documentation in support of the request to the Association's legal counsel. Ventnor "H" Condominium Association, Inc. will use this information to evaluate your request for a reasonable accommodation. Ventnor "H" Condominium Association, Inc. will keep this information confidential. If you choose not to authorize the release of this information, we may not be able to consider your reasonable accommodation request(s).

SERVICE ANIMAL / EMOTIONAL SUPPORT ANIMAL REGISTRATION

OWNER'S NAME _____ UNIT # _____

ANIMAL'S NAME _____ BREED _____

COLOR _____ WEIGHT _____ MALE FEMALE

DATE PET ACQUIRED _____ ANIMAL'S TAG NUMBER _____

VETERINARIAN NAME _____ PHONE # _____

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 Ventnor "H" Condominium Association, Inc. I/We understand and agree that the only reason the above service animal / emotional support animal is permitted to remain on the property is due to _____'s request for a reasonable accommodation to the current 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 service animal / emotional support animal will alleviate the effects of the disability/handicap.

Name

Date

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ATTACH:

- COPY OF PHOTOGRAPH OF THE ANIMAL
- COPIES OF THE ANIMAL'S TRAINING CERTIFICATES AND/OR CERTIFICATIONS
- COPY OF VETERINARIAN'S CERTIFICATION THAT ALL SHOTS/INOCULATIONS ARE UP TO DATE

AFFIDAVIT OF QUALIFYING HEALTH PROFESSIONAL

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 _____ and my license # is _____.
3. My practice specialty is _____.
4. My office is located at _____.
5. I am _____ (hereinafter "Patient") treating physician. I began treating Patient on _____.
6. On or about _____, I diagnosed Patient within a reasonable degree of medical certainty as suffering from a physical and/or mental disability/handicap. **(CIRCLE ALL THAT APPLY)**.
7. Within a reasonable degree of medical certainty, I have concluded that Patient's medical/mental condition substantially limits Patient's major life activities as follows:
(list the major life activities affected by the disability):

8. I prescribe a service animal or emotional support animal **(CIRCLE ONE)** as part of Patient's medical treatment.
9. The (service animal / emotional support animal / reasonable accommodation) is medically necessary and will assist Patient in:

10. It is my medical opinion that Patient is handicapped as that term is defined under the Fair Housing Act and Florida Fair Housing Act***, and the animal is medically necessary to afford Patient an equal opportunity to use and enjoy the unit/home.
11. This affidavit is made to induce Ventnor "H" Condominium Association, Inc. to make substantial and material alterations to the Associations' use restrictions based upon a medical, mental and/or physiological disability/handicap substantially limiting one or more of Patient's major life activities which does not include current, illegal use or addiction to a controlled substance.

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FURTHER AFFIANT SAYETH NAUGHT.

Signature of Health Professional

Printed Name

** The Federal Fair Housing Act (42 U.S.C. 3602) defines the term handicap as follows:

"Handicap" means, with respect to a person -

- (1) A physical or mental impairment which substantially limits one or more of such person's major life activities,
- (2) A record of having such impairment, or
- (3) Being regarded as having such impairment, but such term does not include current illegal use of or addiction to a controlled substance.....

** The Florida Fair Housing Act (Fla. Stat. 760.22) defines the term handicap as follows:

- (7) "Handicap" means:
 - (a) A person has a physical or mental impairment which substantially limits one or more major life Activities, or he or she has a record of having, or is regarded as having, such physical or mental Impairment; or
 - (b) A person has a developmental disability as defined in s. 393.063.