

Service/Emotional Support Animal Approval Process

1. Applications (*see attached 7 pages*) are available at the Office, 5199 Privet Place, Delray Beach, FL 33484
2. Completed applications should be returned to Bridgeview Association, Inc., office located in the Clubhouse Building *or* mailed to:

Bridgeview Association, Inc.
5199 Privet Place
Delray Beach, FL
33484

3. Applications are logged in for review. Upon receipt, the Board of Directors will make an initial review of the application. A copy of the application along with the Board's initial review will be sent to the Attorney for the condominium.
4. The Attorneys will make their recommendation to the Board of Directors and a meeting will be held by the board for **final approval/denial**.
5. The condominium will then issue an **approval/denial letter to Applicant**.

Annual follow up by the Association:

- Annual service/emotional support animal certification.
- Vaccination record updates – You must provide the board with yearly vaccination records.
- Review of ongoing needs.
- Review of complaints regarding service/emotional support animals.

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 accommodations 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 of Enchanting Shores Co-op, Inc. 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 the Affidavit of Treating Physician, 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 Management Company within ten (10) days. 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, and the 30 days response due date will be tolled.

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 form 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. The Association has the right to execute annual follow-up certification.

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 and/or 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 718.111(1 l)(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 the Florida Statutes. 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

REQUEST FOR REASONABLE ACCOMMODATION

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 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 the Florida Statutes and used solely to evaluate my request for a reasonable accommodation.

Please return this form, along with the Affidavit of Treating Physician, 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.

SERVICE ANIMAL REGISTRATION

NAME OF ASSOCIATION _____

UNIT NUMBER _____ OWNER'S NAME _____

PET'S NAME _____ BREED _____

MALE FEMALE COLOR _____ WEIGHT _____

DATE PET ACQUIRED _____ PET'S TAG NUMBER _____

VETERINARIAN _____

DOES THE ANIMAL HAVE ANY SPECIALIZED TRAINING AND/OR CERTIFICATIONS?
YES ___ NO _____

I/We the owners of _____ (name of pet) do hereby certify and understand that pets are not permitted at the Association. I/We understand and agree that the only reason the above service/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 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.

Type/Print Name of Notary: _____

Commission Number: _____

Commission Expires: _____

ATTACH:

COPY OF PHOTOGRAPH OF PET

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

COPY OF HOMEOWNER'S INSURANCE POLICY, OR OTHER POLICY, COVERING
LIABILITY CAUSED BY PET.

AFFIDAVIT OF TREATING PHYSICIAN

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. 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. Please describe the patient's physical or mental disability

_____.

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

8. 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. ei: sleeping, eating, socializing, walking, talking, hearing, seeing, etc.):

_____.

and the animal is able to ameliorate the effects of the disability by

_____.

9. I prescribed an emotional support animal and/or service animal as part of Patient's medical treatment.

10. The (emotional support animal/service animal/reasonable accommodation) is medically necessary and will assist Patient in

_____.

11. 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.

12. Please provide a summary of your education and/or experience, including specializations or certifications (if any), which qualifies you to make the recommendation for the service or emotional support animal

13. This affidavit is made to induce 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.

14. My responses to the above referenced questions are truthful and accurate to the best of my knowledge and belief, under penalties of perjury.

FURTHER AFFIANT S AYETH NAUGHT.

_____ M.D.

STATE OF _____)

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 _____, 2013.

My commission expires:

Notary Public, State of _____

Commission No.:

Printed Name of Notary _____

*** 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 an impairment, or
- (3) being regarded as having such an 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. 393.063.7



5199 Privet Place · Delray Beach, FL 33484 · Phone (561) 496-0878 · Fax (561) 496-7372

Florida Statute for Service Animal

Pursuant to Florida statute 413.08.9, a person who knowingly and willfully misrepresents herself or himself, through conduct or verbal or written notice, as using a service animal and being qualified to use a service animal or as a trainer of a service animal commits a misdemeanor of the second degree, punishable as provided in s. 775.082 or s.775.083.