

**BOCA LAKES CONDOMINIUM ASSOCIATION, INC.**  
**REASONABLE ACCOMMODATION POLICY**  
**2011 HUD ALJ LEXIS 21**

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We are committed to granting reasonable accommodations to our rules, policies, practices, or services when such accommodations may be necessary to afford people with disabilities<sup>1</sup> the equal opportunity to use and enjoy their dwellings or common areas. A reasonable accommodation is a change or exception to a rule or policy that is needed because of a person's disability. For example, a housing provider that has a policy of not assigning parking spaces must make an exception to this policy in order to grant an assigned parking space to an individual who is substantially limited in his ability to walk.

One common type of reasonable accommodation is allowing a person with a disability to keep an assistance animal. An assistance animal is an animal that works, provides assistance, performs tasks for the benefit of a person with a disability, or provides emotional support that alleviates one or more identified symptoms or effects of a person's disability. We recognize the importance of assistance animals, and we are dedicated to ensuring that individuals with assistance animals may keep them in our residential rental properties.

We will not deny a request to keep an assistance animal solely because the animal has not received formal training. Some assistance animals, known as service animals, are trained by professionals, their owners, or someone else to work or perform tasks for individuals with disabilities. Other assistance animals, however, do not require any special training. The relevant question is whether the animal performs the assistance or provides the benefit needed by the person with the disability.

If an individual requests to keep an assistance animal, we will not ask about the nature or extent of the person's disability. Many times, it is readily apparent that an animal is trained to do work or perform tasks for an individual with a disability, such as a dog guiding an individual who is blind or has low vision, pulling a person's wheelchair, or providing assistance with stability to an individual with a mobility disability. If this is the case, then we will not make any inquiries at all and the reasonable accommodation will be granted.

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<sup>1</sup> For this purpose, a person with a disability is defined as a person with 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. Physical or mental impairments include, but are not limited to, such diseases and conditions as orthopedic, visual, speech and hearing impairments, cerebral palsy, autism, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, HIV, mental retardation, emotional illness, drug addiction (other than addiction caused by current, illegal use of a controlled substance) and alcoholism. The term "substantially limits" suggests that the limitation is significant or to a large degree. The term "major life activity" means those activities that are of central importance to daily life, including but not limited to seeing, hearing, walking, breathing, performing manual tasks, caring for one's self, learning, and speaking.

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If it is not readily apparent that an animal is trained to aid an individual with a disability, then we will need to make a few inquiries before granting the reasonable accommodation. We will first ask if the animal is required because of a disability and what work or task the animal has been trained to perform. We will not, however, require documentation that an animal is trained or certified or licensed as a service animal.

If the animal is not trained to perform tasks for individuals with disabilities, then we will ask for a statement from a health or social service professional, such as a doctor, physician's assistant, psychologist, or social worker, that the individual has a disability and the designated animal provides emotional support or other assistance that alleviates one or more symptoms or effects of the person's disability. We will not ask for information about a person's disability or information about the symptoms or effects of the disability that will be alleviated by the assistance animal. In no case will a person requesting to keep an assistance animal as a reasonable accommodation be charged any fee, deposit, or other charge for making the request or for keeping the animal. Since individuals with disabilities are entitled to keep and use assistance animals in units and common areas, it is our policy to make the process of obtaining approval to keep an assistance animal as least burdensome as possible.

You may obtain a form to request a reasonable accommodation at the office. If you require assistance in completing the form, we will assist you in filling out the form or will fill out the form based on an oral request. We are using this form to record reasonable accommodation requests so that we obtain only the information that is necessary for a reasonable accommodation decision and do not obtain confidential information that we do not need to make a reasonable accommodation decision.

All requesters shall be notified in writing of a decision within 10 days of the request. Prior to denying a request, we will attempt to engage in an interactive process with the requester in which the parties discuss possible alternative accommodations that might effectively meet the individual's disability-related needs. We recognize that an individual with a disability is generally in the best position to know whether or not a particular accommodation will be effective in meeting his or her needs. If the request is denied, an explanation for the denial will be provided in the written notification. If an individual with a disability believes that the request is denied unlawfully or that the response is delayed unreasonably, then he or she may file a complaint with:

U.S. Department of Housing and Urban Development  
Office of Fair Housing and Equal Opportunity  
909 First Avenue, Suite 205  
Seattle, WA 98104-1000  
800-877-0246 or 206-220-5170  
Website: <http://hud.gov/complaints/>



COMPLETE  
THIS  
PAGE

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**FORM TO REQUEST A REASONABLE ACCOMMODATION**

If you, a member of your household, or someone associated with you has a disability, and feel that there is a need for a reasonable accommodation for that person to have equal opportunity to use and enjoy a dwelling unit or the public or common use areas, please complete this form and return it to Boca Lakes Condominium Association, Inc., Attn: Reasonable Accommodation Request, 8768 Chevy Chase Drive, Boca Raton, FL 33433. Check all items that apply and answer all questions. We will answer this request in writing within 10 days (or sooner if the situation requires an immediate response). If you require assistance in completing this form, contact us for assistance or to make an oral request for a reasonable accommodation.

**Name:**

**Today's Date:**

**The person who has a disability requiring a reasonable accommodation is:**

Me \_\_\_\_\_ A Person associated with or living with me \_\_\_\_\_

**Name of person with disability:**

**Phone #:**

**Address:**

I am requesting the following change in a rule, policy, practice, or service so that a person with a disability can have an equal opportunity to use and enjoy the premises:

The reasonable accommodation is needed because:

If the request is to keep an assistance animal:

(1) Designate the species, e.g., "dog," "cat," "bird":

(2) If the request is to keep an animal that is trained to perform work or do tasks for an individual with a disability:

Is the animal required because of a disability? Yes \_\_\_\_\_ No \_\_\_\_\_

State at least one task or type of work that the animal has been trained to perform.

**-OR-**

If the request is to keep any animal that is not trained to perform work or do tasks for an individual with a disability, provide a statement from a health or social service

SIGN ONLY

FOR  
OFFICE  
THE REMAINING

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professional indicating the existence of a disability and that the presence of the animal alleviates one or more identified symptoms or effects of the person's disability. A form which can be provided to a health or social service professional will be provided to you.

Signature of person making Request \_\_\_\_\_

Date:

To be completed by rental property owner or designee:

Form accepted by \_\_\_\_\_

Signature \_\_\_\_\_

Date: \_\_\_\_\_

Complete  
This Page

**APPENDIX C**

**FORM TO BE COMPLETED BY PROPERTY OWNER OR DESIGNEE IF  
REQUESTER IS UNABLE TO COMPLETE WRITTEN FORM**

On \_\_\_\_\_, \_\_\_\_\_ orally requested the following reasonable accommodation:

I, \_\_\_\_\_:

Gave the requester the applicable form and offered to assist in filling it out.

Granted the request.

Explained that the request could not be evaluated until the following additional information is provided:

\_\_\_\_\_  
**Signature**

**Date:**

**Requester's Address**

**Requester's Telephone Number**

physician  
to complete

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APPENDIX D

FORM FOR HEALTH OR SOCIAL SERVICE PROFESSIONAL IF  
REQUESTING TO KEEP AN ASSISTANCE ANIMAL

On \_\_\_\_\_, \_\_\_\_\_ requested the reasonable accommodation of keeping the following animal in his/her home \_\_\_\_\_. Please complete this form to assist us in determining whether or not to grant the requested accommodation.

\_\_\_\_\_ has a disability<sup>2</sup>: Yes \_\_\_\_\_ No \_\_\_\_\_

The presence of the designated animal alleviates one or more identified symptoms or effects of the person's disability? Yes \_\_\_\_\_ No \_\_\_\_\_

Name \_\_\_\_\_

Signature \_\_\_\_\_

Date:

Title \_\_\_\_\_

When completed, return this form to:  
Boca Lakes Condominium Association, Inc.  
Attn: Reasonable Accommodation Request  
8768 Chevy Chase Drive  
Boca Raton, FL 33433

<sup>2</sup> For this purpose, a person with a disability is defined as a person with 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. Physical or mental impairments include, but are not limited to, such diseases and conditions as orthopedic, visual, speech and hearing impairments, cerebral palsy, autism, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, HIV, mental retardation, emotional illness, drug addiction (other than addiction caused by current, illegal use of a controlled substance) and alcoholism. The term "substantially limits" suggests that the limitation is significant or to a large degree. The term "major life activity" means those activities that are of central importance to daily life, including but not limited to seeing, hearing, walking, breathing, performing manual tasks, caring for one's self, learning, and speaking.

OFFICE  
is complete

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**APPENDIX E**

**APPROVAL OR DENIAL OF REASONABLE ACCOMMODATION REQUEST**

Dear:

Address:

Phone:

On \_\_\_\_\_, you requested the following accommodation: (describe request)

We have (check all that apply):

**Approved** your request. The following reasonable accommodation will be permitted:

The change is effective immediately.

The reasonable accommodation is not effective immediately because

\_\_\_\_\_  
[List reason(s) accommodation cannot be implemented immediately.]

We anticipate that the change will be made by \_\_\_\_\_, and we will notify you if we discover that there will be a delay.

**Can neither approve nor deny your request** without the following additional information:

**Denied** your request. We have denied your request because [You must check at least one:]

\_\_\_\_\_ You do not have a disability.

\_\_\_\_\_ The requested accommodation is not related to your disability.

\_\_\_\_\_ Granting the request would impose an undue financial and administrative burden or would fundamentally alter the nature of our operations.

\_\_\_\_\_ We used these facts to deny your request:

If you disagree with this decision you may file a complaint with:

U.S. Department of Housing and Urban Development

Office of Fair Housing & Equal Opportunity

909 First Avenue, Suite 205

Seattle, WA 98104-1000

800-877-0246 or 206-220-5170

Website: <http://hud.gov/complaints/>

Sincerely,

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_  
Print Name: \_\_\_\_\_



Office  
to complete

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APPENDIX F

ACKNOWLEDGMENT OF RECEIVING AND REVIEWING CONCILIATION  
AGREEMENT AND REASONABLE ACCOMMODATION POLICY

I acknowledge on \_\_\_\_\_, I received a copy of the Conciliation Agreement entered between HUD, Conforth and Boca Lakes Condominium Association, Inc., FHEO Case Number 04-11-1124-8 and the Reasonable Accommodation Policy. I have read and understand the Conciliation Agreement and the Reasonable Accommodation Policy.

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Indicate Job Title \_\_\_\_\_

Date \_\_\_\_\_



**Boca Lakes Condominium Association, Inc.**  
**Rules and Regulations**

**10. "SERVICE" OR "EMOTIONAL SUPPORT" ANIMALS (04/13/11)**

- 10.1 An application must be submitted to and approved by the Board of Directors before any "Service" or "Emotional Support" Animal is allowed admittance to Boca Lakes Condominium Association, Inc
- 10.2 The Association may require all or any one of the following to be submitted with the application:
- Picture of Animal
  - Proof of spaying or neutering of the animal by 6 months of age
  - Proof of all inoculations required
  - Proof of rabies license tag
  - Proof of any training/certification provided to a "Service Animal"
  - Your medical/mental health provider's sworn and notarized affidavit specifically attesting, under penalty of perjury, (a) the nature of your illness, (b) which major life functions are affected by your illness, (c) if you are deemed disabled as defined under the ADA/Fair Housing laws, (d) that an emotional or service/support animal is being prescribed, (e) how said animal will, from a medical /mental health standpoint allow you to enjoy your condominium, (f) if there is any other corrective measure (e.g. medication) that could be prescribed that would or could substitute for the need to have an emotional support or service animal, (g) how long the affiant has been treating you.
  - Proof of homeowner's insurance covering the animal for any liability must be submitted with the application to the Association.
- 10.3 If approved, the "Service" or "Emotional Support" animal must at all times remain in the dwelling and not be walked or exercised on the common ground, except in areas designated to be used for urination and defecation. The animal must not be allowed to contaminate any other part of the common property. The owner of said animal will be fined if this rule is violated.
- 10.4 The owner must remove all droppings of animal waste from the designated area or common ground at all times.
- 10.5 Whenever leaving the dwelling with the animal, the owner must keep the animal on a leash not to exceed 4' in length.
- 10.6 All exercise for the "Service" or "Emotional Support" animal must take place off the Boca Lakes Condominium Association, Inc. property.
- 10.7 If a "Service" or "Emotional Support" animal's behavior constitutes a nuisance or is otherwise deemed dangerous in the sole discretion of the Board of Directors, the owner will be required to immediately remove the animal from the premises.  
In addition, no Pitbull, Rottweiler or Presa Canario shall be permitted on the property. For purpose of this rule a "dangerous dog is any dog which (1) has aggressively bitten, attacked, endangered or inflicted severe injury to any person or animal, (2) when unprovoked, chased or approached any person within the community in a menacing fashion and/or (3) been deemed/classified as "potentially dangerous" or "dangerous" or "vicious" by any governmental authority.
- 10.8 Failure of the Owner to comply with any of these conditions shall result in automatic revocation of this consent and said "Service" or "Emotional Support" animal must be immediately removed from the premises.



**Boca Lakes Condominium Association, Inc.**

**Rules and Regulations**

OWNER

- 10.9 All medical information submitted to the Association in reference to the Owner's disability after having been reviewed by the board, will be kept confidential in an envelope marked "confidential" in the Owner's folder.
- 10.10 When the "Service" or "Emotional Support" animal is no longer serving the owner, but the disability still exists, a new application must be presented to the Board of Directors if a replacement "Service" or "Emotional Support" animal is required.
- 10.11 When an owner is no longer dependent on a "Service" animal or an "Emotional Support" animal, the animal must be removed from Boca Lakes.
- 10.12 Application / Policy for Emotional Support Animals is as follows:

**BOCA LAKES CONDOMINIUM ASSOCIATION, INC.**

**Policy on Service or Emotional Support Animals**

Boca Lakes Condominium Association has a strict no pet policy as stated in Article XIII of The Declaration of Condominium (the Declaration). The only exceptions to this rule are for those unit owners who find it necessary to have a "service or support animal" as defined under applicable laws.

Boca Lakes Condominium Association recognizes the difference between a "Service" animal and an "Emotional Support" animal. Before the board can make a determination about whether it needs to make a reasonable accommodation for either a "Service" animal or an "Emotional Support" animal, the unit owner must submit the attached application with supporting documentation within 30 days in order to make an informed decision. If a pet has been brought onto the premises without Board approval, such documentation must be furnished within 10 days or the matter will be turned over to our attorney for immediate action.

**BOCA LAKES CONDOMINIUM ASSOCIATION, INC.**

**Application for a "Service" or "Emotional Support" Animal**

Date of application \_\_\_\_\_

Owner Name \_\_\_\_\_

Owner Address & unit # \_\_\_\_\_

Type and breed of animal \_\_\_\_\_

Weight of animal \_\_\_\_\_

Age of animal \_\_\_\_\_

I, \_\_\_\_\_ (Owner) acknowledge that I have read the attached Boca Lakes Condominium Association, Inc. Rules and Regulations pertaining to Service and Emotional Support Animals and do hereby agree that if this application is approved to fully abide by said Rules and Regulations. Further, I hereby agree to indemnify, defend and hold harmless the Association, its officers, directors, employees and contractors against any claim, damage, loss or expense, including reasonable attorney fees and costs arising from my Service/ Emotional Support Animal.

\_\_\_\_\_  
Owner Signature

The following are attached to this application:

Office

- \_\_\_\_\_ Picture of Animal
- \_\_\_\_\_ Veterinarian's Certificate verifying current vaccinations, and spaying/neutering proof
- \_\_\_\_\_ Proof of Rabies License Tag
- \_\_\_\_\_ Proof of homeowner's liability insurance covering animal
- \_\_\_\_\_ Proof of any training/certification provided to a "Service Animal"
- \_\_\_\_\_ Your medical/mental health provider's sworn and notarized affidavit specifically attesting, under penalty of perjury, (a) the nature of your illness, (b) which major life functions are affected by your illness, (c) if you are deemed disabled as defined under the ADA/Fair Housing laws, (d) that an emotional or service/support animal is being prescribed, (e) how said animal will, from a medical/mental health standpoint allow you to enjoy your condominium, (f) if there is any other corrective measure (e.g. medication) that could be prescribed that would or could substitute for the need to have an emotional support or service animal, (g) how long the affiant has been treating you.

Approved by: \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_  
BOCA LAKES CONDOMINIUM ASSOCIATION, INC.

**End of document**