PAVILION CLUB CONDOMINIUM ASSOCIATION, INC.

SERVICE ANIMAL / EMOTIONAL SUPPORT ANIMAL (ESA) REASONABLE ACCOMMODATION REQUEST FORM

The Declaration of Condominium section 10.6 states that "No pets of any kind are permitted in leased units, nor may guests bring pets into the condominium." **Renters and guests may complete this form to request a reasonable accommodation under the Fair Housing Act to keep a Service Animal or ESA in the community.**

Service animals are defined as dogs that are individually trained to do work or perform tasks for people with disabilities. Examples of such work or tasks include guiding people who are blind, alerting people who are deaf, pulling a wheelchair, alerting and protecting a person who is having a seizure, reminding a person with mental illness to take prescribed medications, calming a person with Post Traumatic Stress Disorder (PTSD) during an anxiety attack, or performing other duties. **Service animals are working animals, not pets. The work or task a dog has been trained to provide must be directly related to the person's disability. Dogs whose sole function is to provide comfort or emotional support do not qualify as service animals under the ADA.**
(Reference: https://www.ada.gov/resources/service-animals-2010-requirements/

Applicant Information (please print legibly)

Animal Owner Name: _____ Email: _____

Address: _____ Phone: _____

Building/Unit Applying For: _____ Unit Owner Name: _____

Proposed Dates of Residency: (beginning) _____ (ending) _____

Section I: Service Animal

1. Is the animal a dog? ☐ YES. Go to Question 2. ☐ NO. Skip to Item 5.

2. Is the dog required because of a disability? ☐ YES. Go to Question 3. ☐ NO. Skip to Item 5.

3. What work or task has the dog been trained to perform?

_____

4. If the answer to Question 1 AND Question 2 is YES, complete the following:

Dog's Name _____ Breed _____ Color _____

Weight (approximate) _____ Age (approximate) _____ Rabies Expiration _____

Rabies Vaccination Administered by Vet Name _____ Phone _____

- **Skip to Section III and complete the certification.**

5. **If the answer to Question 1 or Question 2 is NO**, the animal does not quality as a **Service Animal** under federal law. If you have an **Emotional Support Animal** and wish to request a reasonable accommodation, please complete Section II and Section III.

Section II: Emotional Support Animal (ESA)

6. **I am requesting a reasonable accommodation under the Fair Housing Act to keep an Emotional Support Animal (ESA) in the community due to my disability and the animal provides assistance or emotional support that alleviates one or more symptoms or effects of the disability.**

   Type of Animal (species): _____

   Animal's Name _____ Breed _____ Color _____

   Weight (approximate) _____ Age (approximate) _____ Rabies Expiration _____

   Rabies Vaccination Administered by Vet Name _____ Phone _____

   ☐ I have attached **documentation (must be on healthcare provider's letterhead)** from a **licensed healthcare provider** confirming:

   - Provider's **name**, **license type**, **license number**, and **state of licensure.**
   - That the provider has **personal knowledge** of the applicant.
   - That the applicant has a **disability** and the animal provides **emotional support or assistance that alleviates one or more symptoms or effects of that disability.**

Section III: Certification

7. ☐ **I certify that the information provided is true and accurate. I understand that:**

   - **The animal must be under my control at all times.**
   - **I am responsible for any damage caused by the animal.**
   - **Misrepresentation of a Service Animal or an ESA is subject to fines and penalties.**

Applicant Signature: _____ **Date:** _____

Return completed form and any required documentation to Manager@pavilionclubnaples.com.
You will be notified of a decision within 10 business days.

For Association Use

Date Received: _____ **ESA Documentation Received:** ☐ Yes ☐ No

Decision: ☐ Approved ☐ Denied (attach written explanation)

Reviewed By: _____ **Date of Decision:** _____