

**EMPRESS CONDOMINIUM ASSOCIATION, INC.**

**Service/Emotional Support Animal Approval Process**

1. Applications (see attached) are available at the Association's office.
2. Completed applications should be returned to The Board of Directors located at the Empress Condominium Association's Office by fax or mailed to:

Empress Condominium Association

Attn: Board of Directors

9600 S. Ocean Drive

Jensen Beach, FL 34957

3. Applications are logged in and sent to the Board of Directors upon receipt of completed application to approve or deny Applicant.
4. Upon receipt of the Certificate of Approval, the Association will issue an approval/denial letter to Applicant.

## **Policy and Procedure for Requesting a Reasonable Accommodation**

### **For a Service/Emotional Support Animal**

**Background:** Under the Federal and State Fair Housing Acts, an Owner, Tenant or Guest who is disabled/handicapped may request reasonable accommodation(s) to the Association's rules, policies, practices, or services when such accommodation(s) may be necessary because of his/her disability/handicap ("handicap"). Such accommodation may take the form of a Service Animal or an Emotional Support Animal ("ESA").

**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 Service/Support Animals in units and common areas in the community.

**Policy:** The policy of the Board of Directors of the Empress Condominium Association, (the "Association"), is to make reasonable accommodations for disabled or handicapped Owners, Tenants and Guests, in accordance with applicable state and federal fair housing laws.

### **PROCEDURE**

**Submittal of Request:** A disabled/handicapped Owner, Tenant or Guest must notify the Association of the request for a reasonable accommodation to allow a service and/or support animal in this community and the common areas in the community and provide adequate documentation supporting the request in compliance with the Florida and federal Fair Housing Acts. This applies to Owners, Tenants, and/or Guests visiting or residing on the property. It is the Owners' responsibility to ensure that Owner(s), Tenant(s), and Guest(s), advise anyone who may require a reasonable accommodation to comply with the stated guidelines herein, prior to bringing an animal on the property, and to provide the Association with sufficient time to conduct a meaningful review of the request. The requested information must include a statement from a medical professional stating that the requesting party is physically or mentally disabled; explaining which major life activities are substantially impaired; explaining how the animal will ameliorate the effect(s) of the disability, (if a service animal, what service(s) the animal is trained to perform); and whether the condition is temporary or permanent. The statement should also include the medical professional's credentials. In addition, the requesting party should complete the Association's Request for Reasonable Accommodation and provide the Animal Registration forms. The completed forms should be delivered or mailed to the Association's office at Empress Condominium Association Attn: Board of Directors 9600 S. Ocean Drive Jensen Beach, FL 34957. Use of the supplied form will expedite the evaluation process but is not required.

**Procedure for Reviewing a Request for Reasonable Accommodation:** Upon receipt of the requested form and documentation (or information supplied) for a disabled/handicapped Owner, Tenant or Guest's request for a reasonable accommodation(s) to the Association's rules, policies, practices, or services, every effort will be made to have the request forms reviewed by the Board of Directors within 30 days of receipt, and the Owner, Tenant or Guest 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, Tenant 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 the applicant with a decision within 30 days. If the matter is referred to the Association's legal counsel, the Owner, Tenant or Guest will be so notified in writing. The Association will engage in the interactive process to obtain the necessary information to conduct a meaningful review of all requests.

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 is necessary to evaluate whether a requested accommodation is necessary because of the requesting party's disability/handicap. If the applicant's disability/handicap is obvious and if the need for the requested accommodation is also apparent, then the Association will not request any additional information about the applicant's disability/handicap or the related need for the requested accommodation.

If the applicant'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 applicant 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) and an explanation of how the animal ameliorates the effects of the disability. If information on the applicant'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 receiving Social Security Disability benefits, or private disability benefits. Information regarding the nexus between the disability and the animal may still be necessary but information concerning the disability will generally not be requested. Absent disability benefits, the requester's medical professional shall provide verification that the requesting party is disabled/handicapped, provide a description of the major life activities that are substantially impaired, explain the nexus between the animal and the disability/handicap, state whether the condition is temporary or permanent, and provide the credentials of the physician or medical professional providing the statement.

If the applicant's handicap is obvious, but the need for the accommodation is not apparent, the Association will 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 from a medical professional that is necessary to evaluate the disability/handicap-related need for the accommodation (the nexus).

The medical professional must state whether the disability/handicap is temporary or permanent. To the extent that a disability/handicap is not permanent, the Association shall request additional updated medical information as it deems necessary to determine if there is a continued need for the requested accommodation, but no more than once annually.

The Association may request advice from legal counsel concerning any Owners' Tenant's or Guest's request for a reasonable accommodation. The requesting party 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.

### **Maintaining an Emotional Support/Service Animal**

Should a request for a reasonable accommodation to the Association's animal policy be granted, the Association reserves the right, pursuant to Florida law addressing nuisances and/or safety and health concerns, to withdraw this approval at any time should the emotional support/service animal become a nuisance to, or a threat to the health and safety of others, which includes, but is not limited to: excessive barking; biting; aggressive behavior (including nipping and lunging); attacking persons or other animals; animal Owner's, Tenant's or Guests failure to immediately and properly dispose of excrement or waste (so long as the disability permits it); 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, so as the disability permits use of a leash; insect/extermination problems; sanitation/odor problems and/or Owner's, Tenant's or Guest's inability to control the animal. If the requesting party is unable to use a leash because of the disability, the handler must have control over the animal by voice control or some other means. This requires the Owner, Tenant or Guest to ensure that the animal is properly controlled in all common areas. Additionally, the approval of the animal may be

withdrawn if the requesting party is no longer disabled/handicapped. The animal may not be left unattended when outside the home and may not be tied or tethered to any objects outside. The Owner, Tenant or Guest must maintain complete control over the leashed animal at all times when outside the unit. Should the animal become a nuisance to others, the Owner, Tenant or Guest will be asked to remove the animal from the premises and may be prohibited from bringing the animal back. In the pool area, the animal must be held or remain on the ground under or next to the Owner, Tenant or Guest and under Owner's, Tenant's or Guest's control at all times. The animal may not roam or wander. No animals are permitted inside the pool.

Further, the Owner, Tenant or Guest 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 to maintain all required St. Lucie County animal tag(s)/license(s). The owner of the animal is solely responsible for any and all damage caused by the animal, whether to person or property.

While emotional support and service animals are permitted on all parts of the Association property (with the exception of swimming in the pool), the Association requests that the requesting party be courteous of others and avoid areas or situations which may cause other owners, tenants, occupants and/or guests, discomfort or create unsanitary conditions. Animals are not permitted to relieve themselves on the pool deck, sidewalks, parking lot or other hard surfaces in the community. Should this occur, Owner, Tenant or Guest must immediately and thoroughly clean the affected area.

If a support or service animal passes away or is no longer able to perform its intended function(s), the requesting party is permitted to replace the support or service animal so long as the requesting party remains disabled but he/she must notify the Association of replacement of the animal and provide proof of proper vaccinations and all current St. Lucie County tag/license for the replacement animal and proof of annual vaccinations thereafter. All replacement animals must comply with the reasonable restrictions contained herein.

Often times, there are competing requests for reasonable accommodations that must be balanced. In order to accommodate a person's request to maintain an emotional support/service animal and to accommodate those with animal allergies and/or phobias, further restrictions may be necessary depending upon the circumstances at any given time. You will be notified if any additional restrictions are necessary.

An approval of an emotional support animal and/or service animal is limited to the requesting party and his/her needs. If the requesting party no longer resides in this community, is no longer visiting or temporarily vacates the property, for whatever reason, the emotional support/service animal is not permitted to remain. The approval of an emotional support/service animal does not apply to a residence generally, but rather, is only approved for a particular person. If that person is not in residence, the animal may not be in residence.

**All information received by the Association in conjunction with a disabled/handicapped Owner's, Tenant's and/or Guest's request for reasonable accommodation will be kept confidential in compliance with Florida Statute section 718.111(12)(c). 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.**

**Acknowledgement**

I have received and read a copy of the Policy and Procedure for Disabled/Handicapped Owner, Tenant or Guest to Request a Reasonable Accommodation and I agree to abide by the policies and procedures stated herein. I bear full responsibility for the service/support animal and for damage caused by the animal, whether to person or property, whatsoever arising from owning or keeping a service/support animal in the home.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Applicant

**REQUEST FOR REASONABLE ACCOMMODATION**

**For a Service/Emotional Support Animal**

Name of Person Requesting a Reasonable Accommodation: \_\_\_\_\_

Address: \_\_\_\_\_ Unit # \_\_\_\_\_

Daytime Phone #: \_\_\_\_\_ Evening Phone # \_\_\_\_\_

Name of Association: \_\_\_\_\_ Empress Condominium 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 applicant) have an equal opportunity to use and enjoy the unit which I (or the applicant) currently lack because:

\_\_\_\_\_

I understand that the information obtained by the Association will be kept completely confidential as required by Florida Statute section 718.111 (12)(c) 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: \_\_\_\_\_

\*\*If on behalf of a minor child, please indicate whether you are the parent or guardian.

**SERVICE/EMOTIONAL SUPPORT ANIMAL REGISTRATION**

NAME OF ASSOCIATION: \_\_\_\_\_

UNIT NUMBER: \_\_\_\_\_ APPLICANT'S NAME: \_\_\_\_\_

ANIMAL'S NAME: \_\_\_\_\_ BREED: \_\_\_\_\_

MALE \_\_\_ FEMALE \_\_\_ COLOR: \_\_\_\_\_ WEIGHT: \_\_\_\_\_

DATE PET ACQUIRED: \_\_\_\_\_ ANIMAL'S TAG NUMBER: \_\_\_\_\_

VETERINARIAN: \_\_\_\_\_

ANIMAL'S RABIES SHOT RECORD: \_\_\_\_\_

ANIMAL'S FLEA, TICK, ETC. PREVENTATIVE \_\_\_\_\_

DOES THE ANIMAL HAVE ANY SPECIALIZED TRAINING AND/OR CERTIFICATIONS?

YES \_\_\_ NO \_\_\_

If yes, list \_\_\_\_\_

I/We the owners of \_\_\_\_\_ (name of animal) do hereby certify and understand that pets are not permitted at \_\_\_\_\_.

I/We understand and agree that the only reason the above service/support animal is permitted to remain on the property is due to applicant's request for a reasonable accommodation to the "no pet" policy and the Board of Director's determination that applicant 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 \_\_\_\_\_, 2016, by

\_\_\_\_\_, who is personally known to me or who has produced as identification.

Type/Print Name of Notary: \_\_\_\_\_

Commission Number: \_\_\_\_\_ Commission Expires: \_\_\_\_\_

ATTACH:

Letter from a mental health professional

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 (if applicable)

Copy of \$100,000 Liability Insurance