



**THE HEMISPHERES CONDOMINIUM ASSOCIATION INC.'s'
APPLICATION FOR REASONABLE ACCOMMODATION
FOR AN ASSISTANCE ANIMAL**

The policy of the Hemispheres Condominium Association, Inc. (“The Association”) is to provide reasonable accommodations to disabled and handicapped residences in accordance with the State of Florida and federal law.

Any Unit Owner, occupant resident or potential resident (collectively, “Resident”) who needs a waiver of The Association’s pet restrictions because of a disability shall notify the Association and provide the information that is necessary to evaluate the disability-related need for the accommodation.

Under the FHA, disabled persons are entitled to accommodations in the Association’s rules, policies, practices, or services that are (1) reasonable and (2) necessary to allow the disabled person an equal opportunity to use and enjoy the premises.

A person is considered handicapped under state and federal laws if he or she has:

1. A physical or mental impairment which substantially limits one or more of his or her major life activities such as seeing, hearing, walking, speaking, learning, breathing, eating or performing manual tasks; or
2. A record of having such impairment or;
3. Regarded as having such impairment.

If a Resident needs a reasonable accommodation, he or she should make a request to the Association. A request may be oral or written, but it is helpful for the Resident that needs an accommodation and the association if the Resident utilizes the forms developed by the Association. The forms help avoid any confusion and ensure consistent treatment from one year to the next as new boards may be elected. Please ask for the packet if you need to request an accommodation.

The request should explain what type of accommodation is being needed and, if the need for the accommodation is not readily apparent or not known to the provider, explain the relationship between the requested accommodation and her disability. In conjunction with an approval of a request for an accommodation for an assistance animal, the Association should be provided a description of the animal along with a photograph, and evidence that the animal is up to date on vaccinations and contact information for the animal’s veterinarian. If the disability is not readily apparent or the disability related need for the animal is not apparent, the Association will also need reliable verification from a medical care provider or mental health care provider attesting that the assistance animal is needed to alleviate or ameliorate one or more of the major life functions.

all requests for accommodation will be reviewed regardless of whether the Application form is utilized but may not be approved if the disability is not apparent or written verification of the need for the accommodation is not provided. If the Association needs additional information in order to meaningfully review a request for accommodation, it will ask for the additional information needed

REQUEST FOR REASONABLE ACCOMMODATION POLICY AND PROCEDURE

POLICY

The policy of the Association is to provide reasonable accommodations to disabled or handicapped residents in accordance with state and federal law.

PROCEDURE FOR REVIEWING A REQUEST FOR REASONABLE ACCOMMODATION

Upon receipt of a request for accommodation, the request will be reviewed by the Board of Directors within thirty (30) days of receipt by the Association, and the 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 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 Resident a decision within thirty (30) days.

In reviewing a request the Board of Directors will consider the following:

(1) Does the person seeking to use and live with the animal have a disability — i.e., a physical or mental impairment that substantially limits one or more major life activities?

(2) Does the person making the request have a disability-related need for an assistance animal? In other words, does the animal work, provide assistance, perform tasks or services for the benefit of a person with a disability, or provide emotional support that alleviates one or more of the identified symptoms or effects of a person's existing disability?

If the answer to question (1) **or** (2) is "no," then the FHAct and Section 504 do not require a modification to a provider's "no pets" policy, and the reasonable accommodation request may be denied.

Where the answers to questions (1) **and** (2) are "yes," the FHAct and Section 504 require the Association modify or provide an exception to a "no pets" rule or policy to permit a person with a disability to live with and use an assistance animal(s) in all areas of the premises where persons are normally allowed to go, unless doing so would impose an undue financial and administrative burden or would fundamentally alter the nature of the housing provider's services.

The request may also be denied if: (1) the specific assistance animal in question poses a direct threat to the health or safety of others that cannot be reduced or eliminated by another reasonable accommodation, or (2) the specific assistance animal in question would cause substantial physical damage to the property of others that cannot be reduced or eliminated by another reasonable accommodation. Breed, size, and weight limitations do not apply to assistance animals.

If the request is approved, any condition or approval will be provided in writing. If disapproved, the Resident will be provided with a statement that the request has been disapproved.

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

If the requester's disability or handicap **is not** obvious, after reviewing the submitted request form, the Association may request reliable information that is necessary to verify that the request 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 Act). However, medical records and detailed information regarding the nature of a Resident's disability is (are?) not required.

If the requester's disability or handicap is obvious but the need for the accommodation is not apparent, the Association may request information that is necessary to evaluate the disability related need for the requested accommodation. In this case, the Association will request reliable disability or handicap-related information that is necessary to evaluate the disability or handicap related need for the accommodation. Also the reasonable accommodation applies specifically to the requester and not to any other person residing in the unit or to the unit itself.

The Association may request advice from legal counsel concerning any Resident's request for a reasonable accommodation. Resident consents to disclosure of all documentation in support of the request to the Association's legal counsel.

MAINTAINING AN EMOTIONAL SUPPORT/SERVICE ANIMAL

Should a request for a reasonable accommodation to the Association's pet policy be granted, the Association reserves the right, subject to Florida and Federal law, and only upon notice and giving the Resident a reasonable opportunity to address the situation, to withdraw this approval at any time and have the animal permanently removed from the Association should the emotional support/assistance animal or service animal become a nuisance to others or pose a danger to other residents and their property that cannot be mitigated. A nuisance is something that would disrupt a person of ordinary sensibilities in the quiet enjoyment of their home.

Owner is solely responsible for any and all damage caused by the animal, whether to person or property.

All information received by the Association in conjunction with a disabled or handicapped Resident's request for reasonable accommodation will be kept confidential in compliance with Florida Statute 718.111(12)(c). If any other resident or owner inquires as to why a special accommodation appears to have been made, the Association'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 or handicap.

**REASONABLE RULES FOR PETS, ASSISTANCE/EMOTIONAL
SUPPORT AND SERVICE ANIMALS**

Residents will keep his or her assistance animal up to date on vaccinations as required by law and recommended by his or her veterinarian. Proof of current vaccinations shall be provided upon request.

1. Assistance animals will be leashed, carried in the Resident's arms or transported in a carrier when outside the Resident's unit.
2. The Assistance animal' waste must be picked up, sealed, and disposed of with the Unit's garbage. Assistance animal shall not permitted to urinate or defecate on the Condominium property except on grassy areas. In the case of an accident the Resident must immediately clean up after the animal. Owner and Occupant are responsible to immediately clean up any defecation or urination on the Condominium property other than in a grassy area, including the removal of any odors.
3. The assistance animal shall not bark excessively or otherwise create noise which unreasonably disturbs other residents and their guests.

ANIMAL REGISTRATION

UNIT NUMBER _____

RESIDENT/APPLICANT'S NAME: _____

ANIMAL'S NAME: _____

BREED: _____

MALE FEMALE

COLOR: _____

SIZE: _____ WEIGHT: _____

DATE ANIMAL WAS ACQUIRED: _____

ANIMAL TAG NUMBER: _____

DOES THE ANIMAL HAVE ANY SPECIALIZED TRAINING AND/OR CERTIFICATIONS

YES NO

IS THE ANIMAL A SERVICE ANIMAL OR /EMOTIONAL SUPPORT ANIMAL?

SERVICE ANIMAL /EMOTIONAL SUPPORT ANIMAL

VETERINARY NAME AND CONTACT NUMBER: _____

BY: _____

Print Name: _____

Date: _____

ATTACH:

- Copy of color photograph of animal
- Copy of Veterinarian Certification that all shots inoculations are current
- Copies of animal's training certificates and/or certifications (if applicable)

REQUEST FOR REASONABLE ACCOMMODATION

Name of Resident requesting a Reasonable Accommodation:

Unit Address: _____

Daytime Phone Number: _____

Evening Phone Number: _____

1. I am a person with a disability or 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.

**If I am not the person with a disability or handicap, the following member of my household has a disability as defined above:

Name: _____

Relationship to you (e.g. child, parent, spouse, etc.): _____

I understand that the information obtained by the Association will be kept completely confidential as required by Chapter 718.111(12)(c) Florida Statutes, and used solely by the Board of Directors and the Association's community association manager to evaluate my request for a reasonable accommodation.

By: _____

Print name: _____

Date: _____

Please return this form, along with all other supporting documentation to the Association's management office as promptly as possible so that the Association can evaluate your request.