

THE CLARIDGE OF POMPANO CONDOMINIUM, INC.
Policy and Procedure for Disabled Owner or
Resident to Request Reasonable Accommodation

Background: Under the Federal and State Fair Housing Laws, an owner or resident who is disabled 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.

Objective: To establish policies and procedures for meeting the requirements of applicable state and federal law relating to disabled individuals.

Policy: The policy of the Board of Directors of The Claridge of Pompano Condominium, Inc. is to make every attempt to provide reasonable accommodations to disabled residents in accordance with applicable State and Federal law.

PROCEDURE

Submittal of Request: A disabled owner or resident should complete the Association's: (a) Request for Reasonable Accommodation; and provide completed copies of the (b) Statement of Health Professional (or a letter from a qualified medical or service provider may be submitted); (c) Policy and Procedure for Disabled Owner or Resident to Request Reasonable Accommodation; and (d) Assistance/Emotional Support Animal Registration forms. The completed forms should be delivered or mailed to the Association or delivered to the Board of Directors. The Association will consider all requests for a reasonable accommodation no matter how the request is made; however, use of the supplied forms will assist in expediting the process.

Procedure for Reviewing a Request for Reasonable Accommodation: Upon receipt of the requested forms (or information supplied) for a disabled owner or resident's request for a reasonable accommodation(s) to the Association's rules, policies, practices, or services, the request forms will be reviewed by the Board of Directors within 30 days of receipt, 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 the requesting party with a decision within 30 days.

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. If a person's disability 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 or the related need for the requested accommodation.

If the requester's disability 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 constitutes a "disability" under the Fair Housing laws). If information on the requester's disability is requested by the Association, he/she may provide information verifying that he/she is disabled, 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 qualified health professional or other verifiable 3rd party source may provide verification of the disability through the use of the Association's Statement of Health Professional or a letter on their professional letterhead. The Association will supply the Statement of Health Professional upon receipt of any request for a reasonable accommodation. If the requester's disability 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-related information that is necessary to evaluate the disability-related need for the accommodation.

To the extent a disability 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 owner's or resident's request for a reasonable accommodation. The requester 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 or impairment, treatments available to mitigate a disability 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 Assistance/Emotional Support Animal

Should a request for a reasonable accommodation to the animal restrictions be granted, the Association reserves the right to withdraw this approval should the assistance/emotional support animal become a nuisance to others, which includes, but is not limited to: excessive barking; biting; aggressive behavior; attacking; owner's failure to properly dispose of excrement or waste; walking the dog to relieve itself in prohibited areas; failure to comply with all state and local ordinances and statutes; not leashing and/or maintaining control over the animal at all times when outside of the unit; insect/extermination problems; sanitation/odor problems.

Further, the requesting party may be requested to provide updated medical information concerning his/her disability (if the disability is not permanent), and

current and annual vaccination, immunization and veterinarian records for the animal. Failure to comply with any of these requirements is grounds to withdraw the approval of the animal. The requesting party and owner (if the requester is not the owner) are solely responsible for any and all damage caused by the animal, whether to person or property.

The assistance/emotional support animal may be required to be walked in certain designated areas to relieve itself which may differ depending on the location of the unit and the owner's disability. If the request is granted, the Association will provide you with the designated area for walking the animal to relieve itself, should such an area have been designated.

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 Florida Statute Section 718.111(12)(c)(3) (d). 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 Fair Housing Act reasonable accommodation has been granted." No additional information will be provided regarding the nature of the disability/handicap.

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 #: _____

1. I am a person with a disability 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, 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, I am requesting a reasonable accommodation to the Association's express, written and strictly enforced "no pet" policy to allow the following assistance/emotional support 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 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 Statement of Health Professional, the signed Policy and Procedure for Disabled Owner or Resident to Request Reasonable Accommodation, and the Assistance/Emotional Support Animal 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.

ASSISTANCE/EMOTIONAL SUPPORT ANIMAL REGISTRATION

THE CLARIDGE OF POMPANO CONDOMINIUM, INC.

UNIT NUMBER _____

OWNER'S NAME _____

ASSISTANCE/EMOTIONAL SUPPORT ANIMAL NAME _____

BREED _____

MALE _____ FEMALE _____ COLOR _____ WEIGHT _____

DATE ASSISTANCE/EMOTIONAL SUPPORT ANIMAL ACQUIRED _____

VETERINARIAN _____

DOES THE ASSISTANCE/EMOTIONAL SUPPORT ANIMAL HAVE ANY SPECIALIZED TRAINING AND/OR CERTIFICATIONS? YES _____ NO _____

NAME

DATE

ATTACH:

- Copy of photograph of the assistance/emotional support animal.
- Copy of veterinarian's certification that all shots/inoculations are up to date.
- Copy of applicable city or county licensing.

The Claridge of Pompano Condominium, Inc.
c/o Juliet Dalton, Property Manager
1340 South Ocean Boulevard
Pompano Beach, FL 33062

STATEMENT OF HEALTH PROFESSIONAL

Please note: Housing providers and the U.S. Department of Housing and Urban Development rely on professionals to provide accurate information based on their personal knowledge, consistent with professional standards and obligations.

1. My name is _____
2. I am licensed by the State of _____ and my license# is _____
3. My practice specialty is _____
4. My office is located at _____
5. I am the healthcare provider treating _____
(hereinafter "Patient"). I began treating Patient on _____
6. On or about _____, I diagnosed Patient within a reasonable degree of medical certainty with a condition or conditions that result in a physical and or mental disability/handicap. (no diagnosis or diagnosis code necessary).
7. 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 substantially impaired as a result of the disability):

8. I recommended that Patient obtain or acquire the following animal as a result of my diagnosis (if not applicable mark "NA"):

Type of Animal: _____

Size: _____

Qualities/Characteristics: _____

Other: _____
9. This animal is medically necessary as a reasonable accommodation to ameliorate the following impairments of one or more major life activities in the following ways (please state specifics):

The Claridge of Pompano Condominium, Inc.
c/o Juliet Dalton, Property Manager
1340 South Ocean Boulevard
Pompano Beach, FL 33062

10. Is more than one animal medically necessary to ameliorate Patient's impairment or impairments?
_____ Yes _____ No

If yes, explain the specific need for each animal: _____

11. **For Out-of-State Providers:** In compliance with Section 760.27(2)(b)4., Florida Statutes, I certify that I have provided in-person care or services to the Patient on at least one occasion.

_____ (Provider initial here)

12. Exotic/Non-Household Animals: If the animal recommended is not a dog, cat, rabbit or other small domesticated animal that is traditionally kept in a home, please answer the following questions:

- Date of last consultation with Patient: _____
- Explain unique circumstances necessitating particular animal: _____

- Have you witnessed the tasks or services provided to Patient by the specific animal? If so, please describe: _____

I certify this statement made herein are true and correct, all statements are based on my personal knowledge of the Patient's disability and disability related need for the animal. I further certify that Patient's diagnosis or treatment of the disability does not concern current, illegal use or addiction to a controlled substance.

Signature of Health Professional

Printed Name

Date: _____

THE CLARIDGE OF POMPANO CONDOMINIUM, INC.
ASSISTANCE/EMOTIONAL SUPPORT ANIMAL
RULES AND REGULATIONS

All assistance/emotional support animals must be contained within the unit at all times, unless it is on a controlled leash no longer than six (6) feet long. All solid waste or droppings from the assistance/emotional support animal must be placed in a sealed plastic bag and disposed of in designated receptacles. Equally, the owner of the assistance/emotional support animal shall promptly clean up any urine or other liquids from the Condominium Property and/or Common Elements due to the presence of the assistance/emotional support animal. The owner of the assistance/emotional support animal will be required to have the assistance/emotional support animal regularly inoculated against rabies, and any other diseases required by law or ordinance. Proof of current valid licensure, if required by any governmental agencies and inoculation by a duly qualified and licensed veterinarian must be provided to the Association and it is the owner's responsibility to provide such current information, to the Association.

Notwithstanding the approval of the requested accommodation for the assistance/emotional support animal, the Association reserves the right to withdraw this approval at any time should the assistance/emotional support 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 waste and excrement, walking the dog to relieve itself in prohibited areas, failure to comply with all state and local ordinances and statutes, not maintaining the dog on a leash at all times when outside the unit, insect/extermination problems, sanitation/odor problems.

In addition to the foregoing, the individual seeking the reasonable accommodation through the availability of an assistance/emotional support animal must abide by the following:

1. Written acknowledgment and execution of the terms of the reasonable accommodation/modification policy;
2. The party requesting the accommodation, and the owner shall be responsible for any and all damages caused by their assistance/emotional support animal(s) to any portion of the elements or Condominium property and to the person or property of other owners, residents or renters.
3. Registration and various Rules/Regulations:
 - a. Assistance/emotional support animal shall be limited to a single animal and no additional assistance/emotional support animal shall be permitted for a reasonable accommodation unless the need for that additional animal (and/or extenuating circumstances) can be documented by a treating health professional or verifiable 3rd party source.
 - b. Prior to the placement of any assistance/emotional support animal at the Condominium, the requesting party is asked to complete and execute the Board Policy and Procedure document, the Registration form, as well as other components of the registration process, which shall include, but not limited to, submitting the following:

- i. Recent photograph of the animal;
 - ii. Statement from veterinarian of current health certificate and evidence of all necessary vaccinations;
 - iii. All applicable city and county licensing; and,
- c. Care and maintenance of assistance/emotional support animal.
- i. Assistance/Emotional Support Animal may not be tethered or left on balcony unaccompanied by owner/renter;
 - ii. At all times in the building, the walker of the assistance/emotional support animal shall keep such animal confined to the walker's side until the animal is exited from the building;
 - iii. All proper grooming for the assistance/emotional support animal should be performed within the unit and/or outside of the Condominium Property, on a frequent and regular basis, to minimize dog dander, or hair from being airborne in common elements;
 - iv. Unless the information from the health professional or other verifiable 3rd party source demonstrates a need for the animal to be present in the following areas, or other extenuating circumstances can be documented by a health professional or other verifiable 3rd party source, all assistance/emotional support animals are prohibited from the following areas for reasons of safety and hygiene:
 - (a) Pool;
 - (b) Jacuzzi or Sauna;
 - (c) On any Community Furniture;
 - (d) Common Element Area Rooms during the time is food present.
 - v. At all times on property, unit owner/renter when accompanied by an assistance/emotional support animal is requested to have plastic bags and paper towels to address animal discharge.
 - (a) Discharge must be immediately addressed with removal, through bagging, sealing the bag and disposal in an appropriate receptacle;
 - (b) Assistance/Emotional Support Animal fecal matter produced within the unit must be appropriately bagged, sealed and disposed in trash chutes. This also applies to animal pads and diapers.
 - vi. Best efforts should be used at all times to ensure that the Assistance/Emotional Support Animal is only walked to relieve itself in the following areas:
