

**BRIDGEWATER AT BONITA BEACH CONDOMINIUM ASSOCIATION, INC.**

**NOTICE OF RIGHT TO OWN AN ASSISTANCE ANIMAL AND POLICY FOR THE  
REQUEST OF A REASONABLE ACCOMMODATION FOR AN ASSISTANCE ANIMAL**

The Federal Fair Housing Act (FHA) and other state and local fair housing laws require that housing providers and managers provide reasonable accommodations for applicants and residents who have disabilities. BRIDGEWATER AT BONITA BEACH CONDOMINIUM ASSOCIATION, INC., (hereinafter referred to as "the Association") is committed to granting reasonable accommodations when necessary to afford persons with disabilities the equal opportunity to use and enjoy a dwelling and the common amenities within the Association.

Under fair housing laws, a person with a disability is defined as a person who has a physical or mental impairment that substantially limits one or more major life activities, a person who is regarded as having such impairment, or a person with a record of such impairment. Reasonable accommodations may include waiving or varying Association rules or policies to allow a resident with a disability to keep an "assistance animal." An assistance animal is an animal that does work or performs tasks for the benefit of a person with a disability or provides emotional support or other assistance that alleviates one or more symptoms or effects of a person's disability ("hereinafter Assistance Animal"). The most common Assistance Animals are dogs, although other animals may qualify as assistance animals. Assistance Animals are not pets under the Association's policies, and Assistance Animals will be governed by this policy and not by the Association's pet policies. The Association recognizes the importance of Assistance Animals and is dedicated to ensuring that residents with Assistance Animals - whether owners, occupants, guests or renters may keep them in their homes.

If a resident or guest with a disability requests a reasonable accommodation for an Assistance Animal, the Association must determine whether the animal provides assistance needed by that resident or guest to afford him or her an equal opportunity to enjoy living in the Association. The Association will not ask about the nature and severity of the person's disability, except as otherwise permitted by the FHA. Many times, both the disability and the assistance provided by the Assistance Animal is obvious — for example, a dog guiding an individual who is blind or has low vision, or a dog pulling the wheelchair of a person with a mobility impairment. If this is the case, no further inquiry will be made and the Association will grant the resident or guest the reasonable accommodation.

In the case of a resident or guest who requests a reasonable accommodation for an Assistance Animal that provides emotional support or other assistance that alleviates one or more symptoms or effects of the resident's disability, the Association will in most instances require a written statement from a health or social service professional<sup>1</sup> indicating:

- i. That the applicant has a disability that substantially limits one or major life activities,<sup>2</sup> and
- ii. That the animal would provide emotional support or other assistance that would alleviate

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<sup>1</sup> "Health or social service professional" means a person who provides medical care, therapy or counseling to persons with disabilities, including, but not limited to, doctors, physician assistants, psychiatrists, psychologists, or social workers.

<sup>2</sup> Under fair housing laws, a person with a disability is defined as a person who has 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.

In the case of a resident or guest who requests a reasonable accommodation for an Assistance Animal that does work or performs tasks for the benefit of a person with a disability, the Association may require that the resident provide:

1. A written statement from a health or social service professional indicating that the person has a disability that substantially limits one or more major life activities, and
2. Information that the animal has been individually trained to do work or perform tasks that would alleviate one or more symptoms or effects of the disability, or information that the animal, despite lack of individual training, alleviates or ameliorates one or more symptoms or effects of the disability.

The Association will not require compliance with any of the following requirements:

1. In the case of an Assistance Animal that provides emotional support that alleviates one or more symptoms or effects of a disability, that the animal has been trained or have a certification of its efficacy: or
2. That the resident pay any fee, deposit, or other charge for keeping the animal, or obtain insurance as a condition of keeping the animal.

In accordance with HUD guidelines and Florida Statute 413.08, a certificate or document obtained through the internet is not, by itself, sufficient to reliably establish that an individual has a non-observable disability or disability-related need for an Assistance Animal. By contrast, many legitimate, licensed health care professionals deliver services remotely, including over the internet. One reliable form of documentation is a note from a person's health care professional that confirms a person's disability and/or need for an Assistance Animal when the provider has personal knowledge of the individual.

In processing requests for Assistance Animals, the Association will take reasonable measures to protect the confidentiality of any information or documentation disclosed in connection with the requests. Such measures may include limiting access to such information to persons specifically designated to deal with requests for reasonable accommodations, who will disclose information only to the extent necessary to determine whether to grant the request, and keeping all written requests and accompanying documentation in a secure area to which only those designated persons have access, except as otherwise required by law. If an applicant is approved based on a disability that is temporary in nature, the Association will request the approved applicant to provide updated information of the status of their condition (e.g., whether they are continuing to receive treatment) and whether in the approved applicant's health care provider's opinion there is a continued need for the Assistance Animal.

It is the responsibility of a person with a disability who is a resident, tenant, guest or occupant to inform the Association as to the need for an Assistance Animal for the resident, tenant, guest or occupant, and to request a reasonable accommodation and provide any required documentation. A person with a disability may request a reasonable accommodation orally but it will be more helpful to make it in writing. To that end, the Association has a Form to Request a Reasonable Accommodation of an Assistance Animal (attached to this Policy) which a person with a disability has the option to use in order to make a reasonable accommodation request for an Assistance Animal.

If the applicant requires assistance in completing the form, the Property Manager or Community Director or his or her designee will provide assistance or will fill out the form based on an oral request.

The Association is using the form to record reasonable accommodation requests so that we obtain only the information necessary to make a reasonable accommodation decision and do not obtain confidential information that we do not need to make a reasonable accommodation decision. The applicant has the option to use the Reasonable Accommodation Request Form and Physician Verification Form included herewith or provide their own documentation which shall be in compliance with the required information mentioned hereinabove. The Association will handle the review for each applicant on a case by case basis.

Once a completed request with any required documentation is received to which the Association will acknowledge in writing within 10 days of receiving a completed request, the Association will provide a response as soon as possible after the Board has had an opportunity to convene to consider a request for accommodation but no more than 30 days from the date the request is made. This includes the 10-day time frame to acknowledge receipt of the request. If the Association must request medical information or documentation from a requestor's doctor, the time frame will stop on the day that the Association makes a request to the individual to obtain medical information or sends out a request for information/documentation, and will resume on the day that the information/documentation is received by the Association. These are circumstances that could not reasonably have been anticipated or avoided in advance of the request for accommodation, or that are beyond Association's ability to control. When extenuating circumstances are present, the time for processing a request for reasonable accommodation and providing the accommodation will be extended as reasonably necessary. Extensions will be limited to circumstances where they are absolutely necessary and only for as long as required to deal with the extenuating circumstance.

Prior to denying a request, the Association will attempt to engage in an interactive process with the person making the request in which the parties discuss possible alternative accommodations that might effectively meet the person's disability-related needs. The Association recognizes that a person 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 a request is denied, an explanation for the denial will be included in the written notification of denial.

### **COMPLIANCE WITH RULES AND REGULATIONS**

All residents and guests, including those with and without Assistance Animals, are required to conduct themselves in a civil and courteous manner at all times, as is reasonable among neighbors living in close proximity to one another. This requires all residents and guests to recognize and respect the federally protected rights of residents with Assistance Animals, and all residents or guests with Assistance Animals to recognize and respect the rights of other residents and their expressed health and safety concerns regarding animals. All residents and guests are therefore required to cooperate with each other to resolve any issues that may arise regarding such rights.

The Association also requires Assistance Animals to be registered with the Association, and to be in compliance with any applicable state or local laws, including vaccination and licensing requirements. The property Owner and the owner of the Assistance Animal will both be held liable for any damage or harm caused by the Assistance Animal.

Owners of Assistance Animals are allowed with their Assistance Animals to use the Common Areas of the Association. The property Owner and the owner of the Assistance Animal, if different from the property Owner, are responsible for ensuring that the Assistance Animal is cared for, supervised and controlled. The owner of the Assistance Animal shall maintain full control of the Assistance Animal at all times and ensure that the Assistance Animal is on a leash at all times, well behaved (does not jump, nip, snarl or bite another person or animal), does not harm other people, does not create a nuisance, and does not cause damage to Association property or other private property.

**Responsibilities of the property Owner and the owner of the Assistance Animal also include ensuring that:**

- i. When the Assistance Animal is in a Common Area or Limited Common Area, the Assistance Animal will not be left unattended, and will be on a leash, in a carrier or otherwise under the direct control of its owner, and the Assistance Animal will not be permitted to sit, lie, lean or walk on any furniture or furnishings, counter tops or air vents;
- ii. The Assistance Animal will not be allowed to bark continuously or incessantly for a period of 10 minutes or intermittently for 1/2 hour or more to the disturbance of another person at any time of day or night;
- iii. The Assistance Animal, if a dog or other non-housebound animal, must be taken outside the home to relieve itself of bodily wastes. Non-housebound animals shall not be permitted to relieve themselves on any balcony, walkways, landings, lobby areas, elevators, and other Common Areas within the Association buildings, or in proximity to the community pool, for health and safety reasons.
- iv. Feces from the Assistance Animal will be promptly picked up and taken back to the Owner's property or properly disposed of in a trash receptacle outside the property, and not disposed of under bushes, or in other types of vegetation. Failure to properly dispose of animal feces may result in a fine. If a failure to properly dispose of animal feces becomes an ongoing problem or habitual in nature, the Association may deem the Assistance Animal to be a nuisance and require the Owner and/or other responsible party to remove the animal from the Association property; and
- v. The owner of the Assistance Animal is responsible for cleaning up the Assistance Animal's bodily wastes, and if assistance is needed with cleanup of the waste, this will be arranged for by the owner of the Assistance Animal at such owner's expense and will not be the responsibility of the Association.

If the owner of the Assistance Animal does not comply with any of the foregoing requirements, then the owner and property Owner will be responsible for fines assessed by the Association and other sanctions, including the potential removal of the Assistance Animal. Any fines or assessments will constitute a lien against the Owner's property, if applicable, and to the extent authorized in the governing documents of the Association and/or Florida law.

The foregoing is intended to comply with existing law, and applies to all persons with pets or Assistance Animals and is not intended to be discriminatory to those who properly document their requests for Assistance Animals received by the Association. The policies, procedures, rules and regulations are subject to change, as soon as practicable, as the law on Assistance Animals is in flux and continues to develop. The Association will review this policy as reasonably practicable to keep current with changes in the law relating to Assistance Animals.

## **INSTRUCTIONS TO REQUEST AN ASSISTANCE ANIMAL**

If you or someone associated with you has a disability and you believe that there is need for an Assistance Animal as a reasonable accommodation for the person with a disability to use and enjoy a dwelling within the Association, please complete this form and return it to the management office. Please check all items that apply and answer all questions. The Association will answer this request in writing within 30 days of receipt of complete request. We will let you know if we need more information or verification from you or if we would like to talk to you about other ways to meet your needs. All information provided to the Association in connection with this request will be kept confidential, except as otherwise required by law. If you require assistance in completing this form, please contact the management office for assistance or to make an oral request for a reasonable accommodation.

The Reasonable Accommodation Request Form and Physician Verification Form are attached. The use of the attached Forms is optional. Should you decide not to use the attached Forms, please submit the proper documentation of which is described hereinabove.

**(NOTE: IN COMPLETING THE ATTACHED FORMS WE ARE NOT ASKING FOR, NOR ARE YOU REQUIRED TO DISCLOSE YOUR DISABILITY OR ANY OF YOUR MEDICAL RECORDS OR INFORMATION.)**

**[The Remainder of This Form Is Intentionally Left Blank]**

**BRIDGEWATER AT BONITA BEACH CONDOMINIUM ASSOCIATION, INC.**

**REQUEST FOR REASONABLE ACCOMMODATION FOR AN ASSISTANCE ANIMAL**

1) Do you require assistance filling out this form?

Yes  No

If your answer is "Yes," and you do not have someone who can assist you, please contact the Property Manager or Community Director to assist you in filling out this form. If your answer is "No," continue on to Question No. 2.

2) Today's Date: \_\_\_\_\_

3) The person who has a disability requiring a reasonable accommodation is (please check one):

\_\_\_\_\_ Me. If you answered "Me," continue to Question 4.

\_\_\_\_\_ A person making a reasonable accommodation request on behalf of or assisting the person with a disability who needs an Assistance Animal. Please complete the following and continue to Question 4 and fill out the information regarding the person for whom you are requesting a reasonable accommodation:

Name of person completing form: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Relationship to person needing Assistance Animal: \_\_\_\_\_

4) Name of person with a disability for whom a reasonable accommodation is being requested:

\_\_\_\_\_

Phone number: \_\_\_\_\_

Address: \_\_\_\_\_

5) Are you a person with a disability requesting an accommodation of an Assistance Animal so that you can have an equal opportunity to use and enjoy a dwelling and/or the Common Area in the Association?

Yes  No

6) Designate the species of animal for which you are making a reasonable accommodation request e.g., "dog," "cat":

\_\_\_\_\_

7) Provide the name and physical description (size, color, weight, any tag and/or license) of the animal for which you are making a reasonable accommodation request:

\_\_\_\_\_

\_\_\_\_\_

8) \_\_\_\_\_  
Does the animal for which you are making a reasonable accommodation request perform work or do tasks for you because of your disability?

Yes  No (If "No," continue to Question 9)

If the answer is yes:

a) Provide a statement from a health or social service professional indicating that you have a disability (i.e. you have a physical or mental impairment that substantially limits one or more major life activities); and

b) Explain below how the animal has been trained to do work or perform tasks that alleviate one or more symptoms or effects of your disability or, if the animal lacks individual training, how the animal is able to do work or perform tasks that would alleviate one or more symptoms or effects of your disability:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9) If the animal for which you are making a reasonable accommodation request does not perform work or do tasks for you because of your disability, but provides emotional support or alleviates one or more symptoms or effects of your disability, please submit a statement from a health or social service professional: stating that (a) you have a disability (i.e. you have a physical or mental impairment that substantially limits one or more major life activities); and (b) the animal would provide, emotional support or other assistance that would alleviate one or more symptoms or effects of your disability and how the animal alleviates the symptoms or effects. Please attach such a statement to this application. Please note federal law permits the association to request reliable disability related information to determine whether the person requesting an accommodation in this application meets the stationary definition of disabled and shows the relationship between the person's disability and the need for requested accommodation.

By signing below Applicant affirms that the information set forth above is true and correct to the best of the Applicant's knowledge and belief:

\_\_\_\_\_  
Signature of person making request

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of person with disability

\_\_\_\_\_  
Date

*TO BE COMPLETED BY MANAGEMENT*

Form accepted by:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**VERIFICATION OF DISABILITY STATUS  
FOR USE WHEN REQUESTING A REASONABLE ACCOMMODATION OF AN  
ASSISTANCE ANIMAL**

RE: \_\_\_\_\_

Name of Applicant/Resident

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Telephone

I authorize the release of the following information relative to my physical or mental impairment to \*, to verify the need for the reasonable accommodation I have requested.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Section 504 of the Rehabilitation Act of 1973, as amended, defines Individuals with Disabilities as any persons who:

1. Have a physical or mental impairment that substantially limits one or more major life activities (e.g., caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working); or
2. Have a record of such an impairment (have a history of, or have been misclassified as having a mental or physical impairment that substantially limits one or more major life activities); or
3. Are regarded as having such impairment.

*(NOTE: We are not asking for, nor are you required to disclose, the impairment or any of your medical records or information. The information we are seeking is whether the person signing below believes the applicant meets the definition listed above.)*

**CERTIFICATION OF DISABILITY**

**To Be Completed By:** Qualified Healthcare Professional (e.g., counselor, social worker, doctor, rehabilitation center, service agencies, self-help group, clinics, or other entity identified by the person requesting a reasonable accommodation)

In my professional opinion, \_\_\_\_\_ does/ does not (**please circle one**) meet the definition of an Individual with a Disability, as defined above.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name and Title

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip