



HARBOUR ISLE AT HUTCHINSON ISLAND EAST
CONDOMINIUM ASSOCIATION, INC.
6A Harbour Isle Drive East
Fort Piece, FL 34949
772-595-3660

ASSISTANCE ANIMAL / EMOTIONAL SUPPORT ANIMAL APPLICATION

This form may be utilized to request that Harbour Isle East Condominium Association, Inc. provide a reasonable accommodation to you, a member of your household, or a guest who has a disability/handicap. For the purposes of this form, please refer to the attached "Reasonable Accommodation Policy" to determine whether you, a member of your household, or a guest may be a "qualified individual with a disability/handicap." Once completed, you may return this form to the Association.

Date of Request

Email Address

Name of Applicant/Resident/Participant

Telephone Number

Address

City/State/Zip Code

1. I am a person (or am representing 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 impairment; or is regarded as having such impairment.***
2. As a result of this disability/handicap, I am requesting the following reasonable accommodation(s) on behalf of: _____:
3. My reason(s) for requesting this reasonable accommodation:

As applicable, I have provided verification of the disability/handicap from a physician, licensed health care professional, or a professional representing a social service agency, disability agency, or clinic.

ASSISTANCE ANIMAL / EMOTIONAL SUPPORT ANIMAL APPROVAL PROCESS

Applicant must complete the following:

- ___1. Fill out in its entirety the first page of this application "Assistance Animal / Emotional Support Animal Application" (page 1).
- ___2. Sign, print and date the page titled "Policies and Procedures for Maintaining an Assistance Animal / Emotional Support Animal" (page 3).
- ___3. Fill in the blanks along with signature on "Assistance Animal / Emotional Support Animal Registration" (page 5).
- ___4. Provide a letter from a qualifying health professional in support of your request.
- ___5. Provide a color copy photograph of the animal.
- ___6. Provide a copy of the veterinarian's certification that all shots /inoculations are up to date.
- ___7. Return the completed application to the Association's Board of Directors or its designee whose information is located at the top of the first page. The Board of Directors will have a meeting to decide on the final approval/denial.

Annual follow-up that may be required by the Board of Directors:

☐ Annual Assistance Animal/Emotional Support Animal Certifications (*if applicable*) ☐ Vaccination record updates ☐ Review of ongoing needs (*Emotional Support Animal only, if applicable*) ☐ Review of any complaints regarding Assistance Animal/Emotional Support Animal

POLICIES AND PROCEDURES FOR MAINTAINING AN ASSISTANCE ANIMAL / EMOTIONAL SUPPORT ANIMAL

Should a request for a reasonable accommodation be granted, the Association reserves the right, pursuant to Florida Law, to withdraw this approval at any time should the assistance animal or 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 excrement or waste, walking the dog in prohibited areas (applies only to emotional support animals), failure to comply with all state and local ordinance and statutes, not maintaining the animal on a leash at all times when outside of the unit, insect/extermination issues and/or sanitation/odor problems.

Additionally, the approval of the animal may be withdrawn if the requesting party is no longer disabled. Further, the applicant/owner is required to provide updated medical information concerning his/her disability (if such disability is not permanent), current and annual vaccination records, immunization and veterinarian records for the animal, all certifications or trainings the animal possesses, and to maintain an identification tag on the animal **on an annual basis**, or as required by the Board of Directors.

Failure to comply with any of these requirements shall be grounds to withdraw the approval of the animal. Owner is solely responsible for any and all damages caused by the animal, whether to person or property.

I have received and read a copy of this Policy and Procedures for Maintaining an Assistance Animal / Emotional Support Animal and a copy of the Rules and Regulations regarding Assistance Animals / Emotional Support Animals, and I agree to abide by the regulations. I bear full responsibility for the assistance animal / emotional support animal. I agree to indemnify and hold harmless the Board of Directors, Association, Owners, and Occupants of the Unit against any loss, claim, or liability of any kind or character whatsoever arising from owning or maintaining a assistance animal / emotional support animal in the Unit, Limited Common Elements, or Common Elements.

Requesting Party's Signature

Date

Printed Name of Requesting Party

REASONABLE ACCOMMODATION POLICY

You have indicated that you, or a member of your household, need a reasonable accommodation because of a disability/handicap in connection with a Condominium Unit located at Harbour Isle East. This Condominium Association has specific rules regarding pets and animals. Many Owners purchased a residence in this Condominium due to the strict policies regarding pets and animals because of their allergies or other health issues related to animals. Therefore, in order to protect the health and safety of all residents at Harbour Isle East, it is the responsibility of the Association to obtain information in order to evaluate whether a requested accommodation to the current policy is necessary.

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

If an individual'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 requester has a physical or mental impairment that substantially limits one or more major life activities.

To the extent a disability/handicap is not permanent, the Association may annually request additional or updated medical information as it deems necessary, to determine if there is a continued need for the requested accommodation. The Association may also request updated vaccination records and certificates as applicable.

Additionally, since 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, and/or other circumstances affecting the individual, it is your responsibility to notify the Association if you need, or no longer need, a reasonable accommodation. Please note that owners are not permitted to have more than one support animal, unless the distinction of separate needs for each animal has been established. A separate form is required for each animal.

The Association may request advice from legal counsel concerning any Owner's request for a reasonable accommodation. Owner hereby consents to the disclosure of all documentation in support of the request to the Association's legal counsel. Harbour Isle East Condominium Association, Inc. will use this information to evaluate your request for a reasonable accommodation. Harbour Isle East Condominium Association, Inc. will keep this information confidential. If you choose not to authorize the release of this information, we may not be able to consider your reasonable accommodation request(s).

ASSISTANCE ANIMAL / EMOTIONAL SUPPORT ANIMAL REGISTRATION

OWNER'S NAME _____ UNIT # _____

ANIMAL'S NAME _____ BREED _____

COLOR _____ WEIGHT _____ ☐ MALE ☐ FEMALE

DATE PET ACQUIRED _____

VETERINARIAN NAME _____ PHONE # _____

I/We the Owners of _____ (Name of Animal) do hereby certify and understand that dogs on our restricted breed list are not permitted at Harbour Isle East. I/We understand and agree that the only reason the above assistance animal / emotional support animal is permitted to remain on the property is due to _____'s request for a reasonable accommodation to the current pet policy and the Board of Director's determination that _____ suffers from a disability/handicap that substantially limits one or more of the Applicant's major life activities and the assistance animal / emotional support animal will alleviate the effects of the disability/handicap.

Signature

Date

ATTACH:

- ☐ COPY OF PHOTOGRAPH OF THE ANIMAL
- ☐ COPY OF VETERINARIAN'S CERTIFICATION THAT ALL SHOTS/INOCULATIONS ARE UP TO DATE