

GARDENS OF GULF COVE PROPERTY OWNER'S ASSOCIATION, INC.

**POLICY AND PROCEDURE FOR DISABLED RENTERS/TENANTS/GUESTS
REQUEST FOR REASONABLE ACCOMMODATION – ANIMAL**

Background: Under the Federal and State Fair Housing Acts, an owner or resident who is disabled may request a reasonable accommodation with respect to rules, policies, practices or services of Gardens of Gulf Cove Property Owner's Association, Inc. (the "Association") when such accommodation(s) are necessary to ameliorate the limitations caused by the disability.

I. POLICY

Submission of Request: An Owner or Resident with a disability should complete the following forms attached to the back of this Policy and Procedure Letter: *Request for Reasonable Accommodation*; *Acknowledgment*; *Affidavit of Medical Provider*. If the accommodation is granted, the owner or resident must complete and return the *Animal Registration Form* and any other information required on that form that has not already been provided once the animal has been obtained. The completed forms should be delivered or mailed to the Association office at 6464 Coniston Street, Port Charlotte, Florida 33981.

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) in the Association's policies, practices, or services, the request forms will be reviewed by the Board. 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 delay the Board from providing a decision. If the matter is referred to the Association's legal counsel, owner or resident will be notified in writing.

If the request is approved, any condition of approval will be provided in writing. If disapproved, the disapproval will be provided to the applicant 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 may be necessary to evaluate whether a requested accommodation is necessary because of the requester's disability.

After reviewing the submitted Request Form, the Association may request reliable information that is necessary to verify that the requester has a physical, mental or emotional impairment that substantially limits one or more major life activities. If information on the requester's disability is requested by the Association, he/she may provide information verifying that he/she meets the statutory requirements, 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, and/or by providing verification of the disability from a medical provider with expertise in the area of the requester's disability.

If the requester's disability is obvious, but the need for the accommodation is not apparent, the Association may request additional information that is necessary to evaluate the disability-related need for the requested 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 its legal counsel concerning any requests for a reasonable accommodation. The requester consents to the disclosure of all documentation in support of the request to the Association's legal counsel.

II. 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 the individual's responsibility to notify the Association if he/she needs, or no longer needs, a reasonable accommodation.

III. MAINTAINING A SUPPORT/SERVICE ANIMAL

Should a request for a reasonable accommodation to the Association's pet policy be granted, the Association reserves the right, pursuant to Florida law, to withdraw this approval at any time should the support/service 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 animal in prohibited areas;
- failure to comply with all state and local ordinances and statutes;
- failure to maintain the animal on a leash at all times, or in a carrier, when not indoors; and
- sanitation/odor problems.

Furthermore, the requester may be required to provide updated medical information concerning his/her disability (if the disability is not permanent); current and annual vaccination, immunization and veterinarian records for the animal; all certifications or training the animal possesses; and to maintain an identification tag on the animal. Failure to comply with any of these requirements is grounds to withdraw the approval of the animal. Additionally, the approval of the animal may be withdrawn if the requesting party is no longer disabled.

- The owner or resident is solely responsible for any and all damage caused by the animal, whether to person or property.
- The support/service animal is required to be kept on a leash at all times when outside the unit.
- The owner or resident shall immediately remove any and all animal droppings left by the animal upon the Common Elements.

NOTE: *A new law that has been passed in Florida will make it much harder for people to get away with having their dogs falsely registered as "service dogs". Businesses and Condominium or Homeowners Associations will now be able to ask questions and gauge if an animal is really a service dog, but at the same time ensuring that people with real disabilities are not being persecuted without cause. The law, which went into effect on July 1, 2015 classifies misrepresenting a dog as a service animal as a second degree misdemeanor. Those who are caught breaking the law face a \$500 fine and up to 60 days in jail.*

All information received by the Association in conjunction with a disabled owner's or resident's request for reasonable accommodation will be kept confidential. 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. Please sign and return the attached Acknowledgment that you have received and read this Policy and Procedure for Disabled Owner/Resident to Request Reasonable Accommodation.

GARDENS OF GULF COVE PROPERTY OWNER'S ASSOCIATION, INC.

ACKNOWLEDGMENT OF POLICY AND PROCEDURE

Reasonable Accommodation Request – Animal

I have received and read a copy of the Policy and Procedure for Disabled Owner or Resident to Request Reasonable Accommodation and I agree to abide by the regulations. I bear full responsibility for the support/service animal and I agree to indemnify and hold harmless the Board, Association, management, owners and occupants of the dwelling unit against any loss, claim or liability of any kind or character whatsoever arising from owning or keeping a support/service animal in the dwelling.

Date: _____

By: _____

Signature of Requesting Party

Address: _____

Print: _____

Name of Requesting Party

GARDENS OF GULF COVE PROPERTY OWNER'S ASSOCIATION, INC.

REQUEST FOR REASONABLE ACCOMMODATION

Person Requesting a Reasonable Accommodation: _____

Address: _____

Daytime Phone Number: _____

Evening Phone Number: _____

1. I am a person with a disability, or the following member of my household has a disability

Name: _____

Relationship to you: _____

2. As a result of this disability, I am requesting an exception to the Association's express, written, and strictly enforced Pet Restriction contained in Section 7.20 of the Second Amended and Restated Declaration of Condominium of Gardens of Gulf Cove, recorded on May 5, 2017 at Instrument No. 2521240 of the Official Records of Charlotte County, Florida, which reads in relevant part: "Renters, tenants, or guest may no keep pets unless the owner of record is in residence.."

3. This request is for a reasonable accommodation to allow a support/service animal to reside on my property. This accommodation is necessary so that I have an equal opportunity to use and enjoy the property which I currently lack because (please describe how the disability impairs you from using and enjoying the dwelling unit):

I understand that the information obtained by the Association will be kept completely confidential and used solely to evaluate my request for reasonable accommodation.

Signed: _____

Date

Requesting Party (Print)

In order for the Association to evaluate your request, please return all forms as promptly as possible to:

GARDENS OF GULF COVE PROPERTY OWNER'S ASSOCIATION, INC.

6464 Coniston Street

Port Charlotte, Florida 33981

gardensofgulfcove@gmail.com

- Request For Reasonable Accommodation Form,
- Acknowledgment of Policy and Procedure
- Affidavit of Medical Provider, and
- Animal Registration Form (with attachments)

ANIMAL REGISTRATION FORM

Owner/Resident Name: _____

Address: _____

Animal's Name: _____ Breed: _____

Male ___ Female _____ Color: _____ Weight: _____

Date Animal Acquired: _____ Tag Number: _____

Veterinarian: _____ Phone #: _____

In case of emergency, contact: _____

Does the animal have any specialized training and/or certifications? ___ Yes ___ No

I/We, the Owners of _____ (animal name) do hereby certify and understand that the Gardens of Gulf Cove, governing documents provide that Renters, tenants or guests may not keep pets or other animals.

I/We understand and agree that the only reason the above service/support animal may be permitted to remain on the property is due to _____ (requesting person's name) request for a reasonable accommodation to the Association's policy and the Board of Directors' determination that _____ (requesting person's name) suffers from a disability that substantially limits one or more of the requester's major life activities and the service/support animal will ameliorate the effects of the disability.

I/We have attached the following:

- Photograph of the animal
- Veterinarian's certificate of up-to-date shots/inoculations
- Copies of training certificates and/or certifications (if applicable)
- Copies of all requisite licenses (if applicable)

Date: _____ Signature: _____

State of _____

County of _____

Sworn to and subscribed before me this _____ day of _____, 20____, by _____, () who is personally known to me, or () who produced _____ as identification.

Notary Public, State of Florida
My commission expires:

AFFIDAVIT OF MEDICAL PROVIDER ACCOMMODATION ANIMAL

BEFORE ME, the undersigned authority, personally appeared _____ who, being duly sworn, deposes and says:

1. My name is _____.
 2. I am licensed by the State of _____, with full privileges to practice in the State of _____.
 3. My practice specialty is _____.
 4. I have been practicing in this field for _____ years.
 5. My office is located at _____.
 6. I am the treating medical provider for _____ (“Patient”).
 7. I have been Patient’s treating medical provider for _____ years / months (circle one)
 8. Within a reasonable degree of medical certainty, I estimate that Patient’s disability began on or about _____ and will continue until _____.
 9. Within a reasonable degree of medical certainty, I have concluded that Patient’s condition(s) substantially limits the following of Patient’s “major life activities” (Please list all “major life activities” that are substantially impaired by the Patient’s disability):

 10. Patient’s “major life activities” listed above are substantially limited by Patient’s medical/mental condition(s) and Patient is disabled.
 11. As a result, I have prescribed Patient a _____(type of animal).
 12. The accommodation animal is necessary to assist Patient to overcome:

_____.
 13. Why is this animal necessary to afford Patient’s equal opportunity to use and enjoy the dwelling? _____

 14. This affidavit is made to induce Gardens of Gulf Cove Property Owner’s Association, Inc. to make exceptions to the Association’s pet policy based upon a medical, mental, and/or psychological disorder which substantially limits one or more “major life activities” and which does not include current, illegal use, or addiction to a controlled substance.
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15. Please include any additional comments concerning Patient that you believe are relevant and/or necessary for the Board of Directors and/or its legal counsel in its determination that Patient is disabled as a matter of law and requires an accommodation animal for the purpose of affording Patient an equal opportunity to use and enjoy his or her dwelling unit:

Signature: _____ Print Name: _____

FURTHER AFFIANT SAYETH NAUGHT.

State of _____

County of _____

Sworn to and subscribed before me this ____ day of _____, 20____, by _____, () who is personally known to me, or () who produced _____ as identification.

Notary Public, State of Florida

My commission expires: