

SERVICE ANIMAL / EMOTIONAL SUPPORT ANIMAL APPLICATION

This application is provided to assist in a reasonable accommodation request for yourself, a member of your household, or a guest on the premises who is a person with a disability requesting approval for an animal. HUD encourages applicants to complete applications in order to avoid miscommunication and the questions are designed to help you provide the Association with the information needed to review your request. For additional information, please visit:

<https://www.hud.gov/sites/dfiles/PA/documents/HUDAsstAnimalINC1-28-2020.pdf>

This application is comprised of several sections and helpful forms:

- 1. Emotional Support Animal (ESA) and Service Animal Documentation Requirements**
- 2. Applicant's Information**
- 3. Animal Information, License, & Health Certificate**
- 4. Policies and Procedures for Maintaining a Service Animal / Emotional Support Animal**
- 5. Reasonable Accommodation Policy**
- 6. Statement of Qualifying Health Professional**
- 7. Patient's Consent for Healthcare Provider's Release of Information**

If the Association determines that your need for a service animal is readily apparent, you will only be requested to submit current animal license and health certificate records to the Association. Review Sections 4 and 5 for Rules, Policies, and Procedures and note that failure to comply with the rules may result in a withdrawing of your animal's approval.

If you are applying for an emotional support animal, or if your need for the service animal is not apparent to the Association, in addition to animal health and license information, please submit additional information to support your request. The attached form entitled "Statement of Qualifying Health Professional" can assist you with providing the necessary information for review of your application.

Lakeside Association, Inc.
1915 Lavers Circle E106, Delray Beach, FL 33444

This application for **Lakeside Association, Inc.** has been designed to assist with your reasonable accommodation request for yourself, a member of your household, or a guest who is a person with a disability that substantially limits one or more major life activities. The definition of "disability" may be found in the attached Reasonable Accommodation policy, for reference by the individual who is submitting the application, to see if you, your household member, or guest qualify as a person with a disability/handicap.

NOTE: Falsely representing an animal as a service animal or as an emotional support animal is a crime under Florida law.

Date of Request

Email Address

Name of Applicant/Resident/Participant

Telephone Number

Address

City/State/Zip Code

A disability/handicap is 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 being regarded as having such impairment.***

1. Are you requesting a reasonable accommodation on behalf of yourself, a household member, or a guest on the premises in connection with a physical or mental impairment or disability?

Yes No

2. On whose behalf are you requesting the reasonable accommodation?

_____.

3. What is the reason for your reasonable accommodation request?

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4. If the disability is not readily apparent, which of the following will you provide as proof of disability?

- Social Security Disability Income
- Medicare or Supplemental Security Income for a person under 65
- Veterans' Disability Benefits
- Services from a vocational rehabilitation center
- Disability benefits or services from another federal, state, or local agency
- Housing assistance or voucher due to disability
- Information confirming the disability from a healthcare professional with personal knowledge of your disability – e.g., physician, optometrist, psychiatrist, psychologist, physician's assistant, nurse practitioner, or nurse.

- See below the **Statement of Qualifying Health Professional** for guidance on information that your healthcare provider can supply to aid in your application review.

Other: _____

5. What information will you provide that supports the animal does work, performs tasks, provides assistance, and/or provides therapeutic emotional support with respect to the individual's disability?

- One reliable form of documentation is a letter from a person's healthcare professional that confirms a person's disability and/or need for an animal when the provider has personal knowledge of the individual.

I am applying for the following Reasonable Accommodation (check **one** below):

- Service Animal Reasonable Accommodation
- Emotional Support Animal Reasonable Accommodation

What is the name and type of animal are you requesting to reside in your Unit?

Information obtained by the Association will be kept completely confidential as required by the Florida Statutes. The information provided will be used solely to evaluate your request for a reasonable accommodation.

SERVICE ANIMAL / EMOTIONAL SUPPORT ANIMAL APPROVAL PROCESS

To assist the Association with your accommodation request, please complete/review the following:

- ___ 1. Provide the information requested in the “Service Animal / Emotional Support Animal Application” (pg. 1-3).
- ___ 2. Review the page titled “Policies and Procedures for Maintaining a Service Animal / Emotional Support Animal” (pg. 5).
- ___ 3. Review the “Reasonable Accommodation Policy” (pg. 6).
- ___ 4. Complete the “Service Animal / Emotional Support Animal Registration” form (pg. 7).
- ___ 5. Provide the “Statement of Qualifying Health Professional” form, fully completed by a Qualifying Health Professional along with signature (pg. 8-9) OR provide another form of legally acceptable verification of the disability/handicap and support for your disability-related need for the animal.
- ___ 6. Provide a color-copy photograph of the animal.
- ___ 7. Provide a copy of the Veterinarian’s certification that all shots / inoculations are up to date.
- ___ 8. Provide a copy of the animal’s training certificates and/or certifications (*if applicable*).
- ___ 9. Provide the Patient’s Consent for Healthcare Provider’s Authorization for Release of Information (pg. 10).
- ___ 10. Return Completed Applications to the Association’s Board of Directors, whose information is located at the top of each page. The Board of Directors will decide on the final approval or denial and will notify Applicant of this approval or denial.

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

- Annual Vaccination record updates
- Periodic Review of ongoing needs (*Emotional Support Animal Only*)
- Review of any complaints regarding Service Animal / Emotional Support Animal

**POLICIES AND PROCEDURES FOR MAINTAINING A SERVICE
ANIMAL / EMOTIONAL SUPPORT ANIMAL**

If your request for a reasonable accommodation is granted, the Association reserves the right, pursuant to Florida Law, to withdraw this approval at any time should the service 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, 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, 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.

All information received by the Association in conjunction with a disabled Owner's or Resident's request for reasonable accommodation will be kept confidential in compliance with Florida Statute.

REASONABLE ACCOMMODATION POLICY

Please be advised that this Association has strict rules regarding animals and pets within the community, and the Association is required by law to enforce these rules. Many people chose to move into this community because they have allergies or other health issues related to animals. Therefore, anyone requesting a service or companion animal must follow the application and approval process set forth herein.

You have indicated that you, or a member of your household, need a reasonable accommodation because of a disability/handicap in connection with a Unit located at Lakeside Association, Inc. In order to protect the health and safety of all residents in our community, it is the responsibility of the Association to obtain the necessary information to evaluate the requested accommodation to the current policies and rules.

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.

Please take this policy and the attached Authorization for Release of Information to your healthcare provider or other appropriate individual, clinic or agency so that a professional with expertise in the area of the proposed disability and who has personal knowledge of the proposed disability, may provide verification of the disability through the use of the Association's forms.

To the extent a disability/handicap is not permanent, the Association may periodically 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.

Please be aware that some disabilities may be temporary and resolve in time. When that is the case, YOU WILL BE REQUIRED TO REMOVE THE ANIMAL FROM THE HOME after periodic renewal and finding that the disability no longer exists.

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.

SERVICE ANIMAL / EMOTIONAL SUPPORT ANIMAL REGISTRATION

OWNER'S NAME _____ UNIT # _____

ANIMAL'S NAME _____ BREED _____

COLOR _____ WEIGHT _____ MALE FEMALE

DATE ANIMAL WAS ACQUIRED _____

VETERINARIAN'S NAME _____ PHONE # _____

EMERGENCY CONTACT'S NAME _____ PHONE # _____

DOES THE ANIMAL HAVE ANY INDIVIDUALIZED TRAINING AND/OR CERTIFICATIONS?

YES NO

ATTACH:

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

STATEMENT OF QUALIFYING HEALTH PROFESSIONAL

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 as suffering from a physical and/or mental disability/handicap. (**CIRCLE ALL THAT APPLY**).
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 affected by the disability):

8. I prescribe a service animal or emotional support animal (**CIRCLE ONE**) as part of Patient's medical treatment.
9. The (service animal / emotional support animal / reasonable accommodation) is medically necessary and will assist Patient and will ameliorate the symptoms of one or more major life activities in the following ways (please state specifics):

10. It is my medical opinion that Patient is handicapped as that term is defined under the Fair Housing Act and Florida Fair Housing Act**, and the animal is medically necessary to afford Patient an equal opportunity to use and enjoy the unit/home.
11. This statement is made to induce Lakeside Association, Inc. to make substantial and material alterations to the Association's use restrictions based upon a medical, mental and/or physiological disability/handicap substantially limiting one or more of Patient's major life activities which does not include current, illegal use or addiction to a controlled substance.

Signature of Health Professional

Printed Name

Lakeside Association, Inc.
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** The Federal Fair Housing Act (42 U.S.C. 3602) defines the term handicap as follows:

“Handicap” means, with respect to a person -

- (1) A physical or mental impairment which substantially limits one or more of such person’s major life activities,
- (2) A record of having such impairment, or
- (3) Being regarded as having such impairment, but such term does not include current illegal use of or addiction to a controlled substance.

** The Florida Fair Housing Act (Fla. Stat. 760.22) defines the term handicap as follows:

(7) “Handicap” means:

- (a) A person has a physical or mental impairment which substantially limits one or more major life Activities, or he or she has a record of having, or is regarded as having, such physical or mental Impairment; or
- (b) A person has a developmental disability as defined in s. 393.063.

Patient's Consent for Healthcare Provider's Release of Information

Healthcare provider's name: _____

Address: _____

Telephone number: _____

I, _____, hereby provide my consent to _____
_____, my healthcare provider, so that they may speak
with an authorized representative of Lakeside Association, Inc. in conjunction with my
Service Animal / Emotional Support Animal Application if it is necessary for clarification
of statements in the Statement of Qualifying Health Professional. I understand that the
only information my healthcare provider is permitted to release is that which is related to
my need for the service or companion animal. The healthcare provider will not be
requested to state my medical diagnosis, only the ways in which my disability substantially
limits one or more major life activities, and the reason(s) I need the animal.

Requesting Party's Signature

Date

Printed Name of Requesting Party