

# WINDSOR WEST CONDOMINIUM ASSOCIATION, INC.

## ACCOMMODATION REQUEST

All Service/Assistance Animals must be approved by the Board of Directors. In order to obtain approval, you must provide the requisite documentation according to the “Guidance on Documenting an Individual’s Need for Assistance Animals in Housing”.

- All service/assistance animals will be processed in accordance with the Fair Housing Act, 24 C.F.R. §5.303;960.705, Florida Statutes § 413.08 (2019) and local ordinances.
- For purposes of this form, “**service animal**” is defined as any dog that is individually trained to do work or perform tasks for the benefit of an individual with a disability, including a physical, sensory, psychiatric, intellectual, or other mental disability. The work or tasks performed by a service animal must be directly related to the individual’s disability.
- For purposes of this form, an “**assistance animal**” performs tasks, provides assistance, or provides emotional support for a person with a physical or mental impairment that substantially limits at least one major life activity or bodily function.
- All requests and supplemental documentation shall be submitted to the Association’s management company. These guidelines apply to all members and their lawfully permitted guests and/or invitees, and agents, no matter the duration, as permitted in the Governing Documents.

### **The following items are required to process a request:**

#### **1. Documentation of the presence of disability if not readily apparent**

a. Health care professional note, prescription, opinion, etc. regarding the disability to be accommodated. For information that is recommended to be included see “Need for Accommodation” section below.

or

b. Proof of assistance received from governmental agency.

i. Verification of disability assistance received from governmental agency.

ii. Receipt of disability benefits or services.

iii. Eligibility for housing assistance or a housing voucher received because of disability.

#### **2. Documentation of animal requested**

a. Attach a letter from your veterinarian verifying the animal is current on all vaccinations and licensed, in accordance with Lee County Ordinance 14-22.

b. Attach a photo of each Service/Assistance Animal requested.

c. Proof of compliance of vaccination and County registration requirements

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### **3. Documentation of the disability-related need for the animal**

- a. May be in the form of a note from a health care professional.

### **4. Signed and completed application**

**Recommended documentation to establish need for accommodation.** As a best practice, documentation is recommended to include the following information:

1. The patient's name; and
2. Whether the health care professional has a professional relationship with that patient/client involving the provision of health care or disability-related services; and
3. The type of animal(s) for which the reasonable accommodation is sought (i.e., dog, cat, bird, rabbit, hamster, gerbil, other rodent, fish, turtle, other specified type of domesticated animal, or other specified unique animal). If the animal does not fall under one of these categories, it is recommended that the patient asks the health care professional for additional information explaining the unique circumstances justifying the need for that particular animal and their history with the animal recommended.
4. Whether the patient has a physical or mental impairment; and
5. Whether the patient's impairment(s) substantially limit at least one major life activity or major bodily function; and
6. Whether the patient needs the animal(s) (because it does work, provides assistance, or performs at least one task that benefits the patient because of his or her disability, or because it provides therapeutic emotional support to alleviate a symptom or effect of the disability of the patient/client, and not merely as a pet).
7. It is also recommended that the health care professional sign and date any documentation provided and provide contact information and any professional licensing information.

### **What is NOT Required for submittal:**

1. Disclosure of details about the diagnosis or severity of a disability or medical records or medical examinations.
2. Emotional service animal certification from an online source not provided by a health care professional.
3. Daily schedule of requestor and animal.

**Application Acceptance and Acknowledgments: Please initial on each line as your acknowledgment and acceptance.**

**Applicant hereby accepts and acknowledges the following:**

\_\_\_\_\_ This document is made in accordance with the current guidelines in effect at the time of this publication. The Association reserves the right to change the process and/or requirements in accordance with the applicable laws.

\_\_\_\_\_ All requests are processed on a case-by-case basis.

\_\_\_\_\_ Any approval or disapproval is specified for the animal requested and identified in the application presented.

\_\_\_\_\_ Proof of compliance of vaccination and County registration requirements shall be submitted to the Association by the date of the annual meeting annually. Failure to timely submit the required information may require a new approval of the service or assistance animal. The owner shall be responsible for timely submission. The management company shall not provide a reminder.

\_\_\_\_\_ No confidential medical information will be accessible to members within the official records of the Association.

\_\_\_\_\_ The Association may refuse or revoke a reasonable accommodation for an assistance animal if the specific animal poses a direct threat that cannot be eliminated or reduced to an acceptable level through actions the individual takes to maintain or control the animal.

\_\_\_\_\_ All animals must be under the control of its handler. All animals must be leashed or carried within the Association property unless an accommodation is granted. Under the ADA, service animals must be harnessed, leashed, or tethered, unless the individual's disability prevents using these devices or these devices interfere with the service animal's safe, effective performance of tasks. In that case, the individual must maintain control of the animal through voice, signal, or other effective controls.

\_\_\_\_\_ Animals are prohibited in the pool area, except for designated service animals

\_\_\_\_\_ Pet excrement shall be removed by handlers immediately. Failure to do so may result in a fine.

\_\_\_\_\_ If outdoor defecation is required, handlers shall make every effort to utilize the designated area of the common elements, unless approved otherwise.

\_\_\_\_\_ The Association reserves the right to remove a service or assistance animal from the premises if:

- a. The animal is out of control and the handler does not take effective action to control it; or
- b. The animal is not housebroken; or
- c. The animal's behavior poses a direct threat to the health and safety of others; or
- d. Any other reason permitted by law.
- e. Pursuant to F.S. §413.08(9), A person who knowingly and willfully misrepresents herself or himself, through conduct or verbal or written notice,

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as using a service animal and being qualified to use a service animal or as a trainer of a service animal commits a misdemeanor of the second degree, punishable as provided in s. 775.082 or s. 775.083 and must perform 30 hours of community service for an organization that serves individuals with disabilities,, or for another entity or organization at the discretion of the court, to be completed in not more than 6 months.

- f. Should any material information change, you must update the Association within fourteen (14) days. \*For additional information, see “Guidance on Documenting an Individual’s Need for Assistance in Housing” at <https://www.hud.gov/sites/dfiles/PA/documents/HUDAsstAnimalNC1-28-2020.pdf>.

\_\_\_\_\_ I/we, the undersigned, acknowledge having read the restrictions in the Rules and Regulations of Windsor West Condominium Association, Inc. pertaining to pets, and agree that the animal requested is not a pet, but rather a service or assistance animal, as defined by the Department of Housing and Urban Development in FHEO Notice: FHEO-2020-01.

\_\_\_\_\_ I understand and acknowledge that keeping a Service/Assistance Animal is an accommodation made by the Association, which may be revoked for cause.

**TENANT/PRIMARY OCCUPANT REQUESTOR INFORMATION**

Name:	Unit #
Address:	Phone #
City/State/Zip:	Email:
Accommodation Sought:	

**SERVICE/ASSISTANCE ANIMAL OWNER INFORMATION (if different from Tenant/Primary Occupant)**

Name:	Unit #
Address:	Phone #
City/State/Zip:	Email:
Accommodation Sought:	

[Type here]

**SERVICE/ASSISTANCE ANIMAL INFORMATION**

Animal Name:	License #:
Type of Animal:	Breed:
Weight: Age:	Color/Markings:
Work/Tasks/Duties Performed:	Length of Service with current Applicant:

**By signing below, I/we acknowledge and affirm that all the information provided is true and accurate.**

Signature of Tenant/Primary Occupant: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Service/Assistance Animal Owner (if different): \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Unit Owner: \_\_\_\_\_

Date: \_\_\_\_\_

Please complete and return to: ~~SWFL-CAM Services, LLC, 10231 Metro Parkway Suite 204, Fort Myers, FL, 33966. Email: [cathy@swfteam.com](mailto:cathy@swfteam.com)~~

All requests will be processed within ten (10) calendar days.

\*This document does not create any obligation to provide healthcare information and does not authorize or solicit the collection of any information not otherwise permitted by the Fair Housing Act.

For Management Use: Date Received: \_\_\_\_\_ Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_

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